



# The Soldiers' Home IN HOLYOKE

## *Volunteer Program*



### Application for Volunteer Service

#### CONTACT INFORMATION

Name

Address City State Zip

Email

Mobile Phone Home Phone Work Phone

#### EXPERIENCE

Community/Club Affiliations

Previous Volunteer Experience

Present Occupation Employer

Reason For Volunteering

Special Skills - Abilities - Interests

#### EMERGENCY CONTACT

Name

Phone Relationship



## REFERENCES

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Name

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Address Email Phone

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Name

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Address Email Phone

## SIGNATURE

I certify that all statements on this application are true and complete to the best of my knowledge. I grant permission to the Soldiers' Home in Holyoke (SHH) to investigate references needed to complete the application process, and I release the same from any liability resulting from such investigation. Volunteers who are at least 18 years old acknowledge that they will be subject to and must be cleared by a criminal background check. If selected as a volunteer, I understand that any omission, misrepresentation, or falsification of this record may be considered cause for removal. If selected as a Volunteer, I will be required to attend a Volunteer Orientation as well as additional training where necessary. I will be required to sign a Confidentiality Agreement for Volunteers. I agree to observe all SHH regulations and policies. I understand that Volunteers are not covered by Worker's Compensation and that I am responsible for maintaining my own health insurance. I voluntarily offer my services with a clear understanding there will be no monetary compensation and that volunteering does not lead to employment.

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Signature

Date

## APPROVAL FOR MINOR APPLICANTS

To be completed by Parent/Guardian if under 18 years of age: I hereby consent to my son/daughter serving as a volunteer for the Soldiers' Home in Holyoke and receiving emergency medical treatment if injured while volunteering.

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Parent/Guardian Name (Please print)

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Signature

Date

## Five Traits That Make A Great Volunteer

1. **Passion** - Passion can be infectious, so it's an important trait that all great volunteers must share. Sincere passion can be inspiring to others that can make a difference in the organization. Passion is what keeps a person going back each day with a smile on their face.
2. **Reliability** - There's nothing worse than depending on someone to do something and then having them fall through on their commitment. The golden rule to volunteering is that if you commit to something...do it!
3. **Integrity** - As a volunteer, you are entrusted with an organizations' resources, facilities and customers. This can be a huge responsibility! Great volunteers realize that everything they are doing is a direct representation of the organization that they are volunteering for. Integrity is the key to success.
4. **Team Player** - As a volunteer, you will work with all sorts of different people. Being friendly and flexible is a key trait of a great volunteer. It's important to know when to speak up and contribute or when to sit back and let others lead the way.
5. **Energy** - Volunteering isn't just about giving your time. It requires positive energy. You need to be able to hit the ground running and be excited about what you are doing. Energy is a lot like passion. If you have good positive energy, people around you will follow suit.

## CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS

Due to the scope of patient confidentiality, an agreement between the SOLDIERS' HOME IN HOLYOKE and the VOLUNTEER named below is required. This Agreement demands that all veteran contact, whether verbally communicated or written in the veteran's medical records shall be kept confidential. In no way shall any information learned through conversation or documents be discussed or divulged to any party within or outside the Soldiers' Home in Holyoke. No copies of any written or documented material of a confidential nature shall be taken off these premises. If any breach of confidentiality is discovered, serious consequences may result, including dismissal from the Soldiers' Home.

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Volunteer Signature

Date

## MEDIA RELEASE FORM

I, \_\_\_\_\_ grant to the Soldiers' Home in Holyoke (SHH) and its agents the right to use me in likeness and my Biographical Information (as defined below) that I provide to SHH now and in the future to endorse and promote SHH in presentations and promotional materials as described below.

- I understand that presentations and/or promotional materials can be used in both print and electronic media. This will include, but is not limited to advertisements, videos, news releases, stories, web sites, social media (i.e. Facebook, YouTube, Instagram, Twitter and Flickr), annual reports and any other promotional materials which may be published by SHH at SHH's sole discretion, in written, electronic or other form of expression now and in the future.
- Biographical Information may include my name, age, gender, address, work history, work location, job description, job title and my comments, statements or other communications.
- I acknowledge that I do not have a right to inspection and approval of such SHH advertising materials in draft or final form before publication.
- I understand that these presentations and/or promotional materials will be shown to individuals, businesses and community organizations for the purpose of promoting the SHH's mission to provide care with honor and dignity in the best possible health care environment for eligible veterans who reside in the Commonwealth of Massachusetts.
- I hereby forever release and discharge SHH from any and all claims, debts and demands, liabilities or causes of action of every kind, character and nature, whether known or unknown, which I may now have or at any time hereafter have against SHH arising from the use of my likeness and Biographical Information as described above.
- I understand that I do not have to sign this consent and that I am free to refuse to permit the use of my likeness and Biographical Information.
- This Agreement is entered into under the laws of the Commonwealth of Massachusetts. I hereby consent to such use by signing this consent of my own free will.

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Signature

Date

If a minor, provide the signature of a parent or legal guardian below:

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Printed Name

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Signature

Date



## Volunteer Application Check List

- Fill out application on pages 1 and 2
- Sign at bottom a page 2
- Read and sign Confidentiality Agreement on Page 3
- Read and sign Media Release Form on Page 3
- Fill out and sign CORI Request Form on Page 4
- Attach copy of photo ID to application



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Disabilities and Community Services**  
*Office of Human Resources*  
600 Washington Street Boston MA 02111

CHARLES D. BAKER  
Governor

MARYLOU SUDDERS  
Secretary

**CORI REQUEST FORM**

The Executive Office of Health and Human Services has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/ for the position of Volunteer, I understand that a criminal offender record information (CORI) check will be conducted for conviction and pending criminal case information only and that such information will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Signature: \_\_\_\_\_

**APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

MAIDEN NAME OR ALIAS (IF APPLICABLE) \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ ID Theft Index PIN (if applicable)\* \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Father's Last Name \_\_\_\_\_ Father's First Name \_\_\_\_\_

**CURRENT AND FORMER ADDRESSES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

**THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION** \_\_\_\_\_  
**(Attach COPY of PHOTO ID)**

REVIEWED BY: \_\_\_\_\_  
Signature-SUPERVISOR/MANAGER REVIEWING IDENTIFICATION

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614**

**NOTICE TO FINAL CANDIDATES**

In the event that a CORI investigation returns a record with a criminal history that is relevant to the duties of the position being sought, the CORI results may be utilized by a qualified mental health professional in order to make a determination regarding whether or not the candidate poses an unacceptable risk of harm to the clients of the agency, in accordance with 101 DMR 15.09.