



328 North Main Street, East Longmeadow, MA 01028
413-525-5436 (Main Office) Fax: 413-526-9746

Volunteer Application

Date _____

General Information:

First Name: _____ Last Name: _____ DOB: _____

Address: _____

City

State

Zipcode

Home Phone:(____)____ - _____ Cell Phone:(____)____ - _____ Email: _____

Preferred method of contact:(check one) ___ Home Phone ___ Cell Phone ___ Email

Please note that text messaging is not an option

Are you a student or applying for community service?(check one) ___ Yes ___ No

If no, then skip to "Availability"

If yes, state the name of your school or organization: _____

Reason for volunteering:(check one) ___ Internship ___ School Program/Assignment ___ Community Service

Availability:

Our hours of operation are Monday through Friday 8:00am-4:00pm with occasional evening and weekend events

Days: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

Time: ___ Morning ___ Afternoon ___ Evening

WAIVER: In consideration of the Town of East Longmeadow allowing me to participate as a volunteer in various East Longmeadow Council on Aging events, I hereby release, discharge, and agree not to sue the Town of East Longmeadow, the East Longmeadow Council on Aging, its affiliated clubs, said clubs, participants of any programs and the owners and/or employees of anyone in connection with the activities being conducted by the East Longmeadow Council on Aging or its affiliated clubs. I hereby specifically acknowledge that I am aware that there exists a potential for injury and that danger and risk are inherent in connection with my service as a volunteer. I hereby release and forever discharge the Town of East Longmeadow, the East Longmeadow Council on Aging and its officers, employees, property owners of the premises where any volunteer services are performed and any sponsors or advertisers of said volunteer event, from all claims and demands.

A copy of your license is required for the completion of this application

Signature: _____

Date: _____

Required if under eighteen years of age

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Contact Number: (____)____ - _____

Check areas in which you are interested in volunteering:

- | | | |
|---|---|--|
| <input type="checkbox"/> Meals On Wheels | <input type="checkbox"/> Special Events | <input type="checkbox"/> Decorator |
| <input type="checkbox"/> Pantry Stocker/Organizer | <input type="checkbox"/> Instructor | <input type="checkbox"/> Receptionist/Office Assistant |
| <input type="checkbox"/> Kitchen Assistant | <input type="checkbox"/> Activity Assistant | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Trip Coordinator | <input type="checkbox"/> Computer/Tech | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Other | | |

If other, please specify (ex: photographer, educator, etc.) _____

Why are you interested in being a volunteer at Pleasant View Senior Center?

What are your interests/hobbies/skills?

What is your primary language? _____

Do you speak any other languages? If yes, please list: _____

Information requested for our database: MySeniorCenter

Please note that if an answer is not given for Ethnic Status we are required by the government to give an educated guess

Nickname: _____

Gender: _____

Ethnic Status: _____

Disability: _____

Live alone (check one): Yes No

Do you have a Facebook account? (check one) Yes No

Find us on Facebook at www.facebook.com/ELSeniors

How did you hear about Pleasant View Senior Center?

Emergency Information:

List any allergies: _____

Two emergency contacts are required

Emergency Contact 1

Full Name: _____ Relation: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____

Emergency Contact 2

Full Name: _____ Relation: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____

Previous volunteer experience:

1. Place: _____

Role: _____

Years of service: _____

2. Place: _____

Role: _____

Years of service: _____

References (required):

Reference 1

Full Name: _____ Title/Position: _____

Phone: (____)____-____ Email: _____

Reference 2

Full Name: _____ Title/Position: _____

Phone: (____)____-____ Email: _____

Additional Information:

Thank you for your interest in volunteering with Pleasant View Senior Center. Your application will be carefully reviewed and if seen fit for the senior center, you will be contacted for an interview. If you are selected as a volunteer you will be required to complete the following: a CORI, Criminal Offender Record Information (not required for those under eighteen years of age); SORI, Sex Offender Registry Information (not required for those under eighteen years of age); Conflict of Interest; Privacy and Confidentiality; and a Social Media Release. You may also be required by the Town of East Longmeadow to take an Ethics Training online course. Depending on your volunteer role you may be required to complete additional forms (ex: W9, Employee Health Policy Agreement, etc.). New volunteers begin on

**Mission Statement:**

The Council on Aging supports and promotes the independence and social, physical, and emotional well-being of East Longmeadow elders by implementing and maintaining quality education, nutrition, recreational and wellness programs.

Values:

- Open to all with a variety of programs in a safe environment
- Promote and maintain health and well-being
- Provide a welcoming, attractive and well maintained Senior Center and outdoor recreational facilities
- Ensure confidentiality and professionalism in all interactions with participants and the public

Vision:

- To be recognized as an essential town department (tomorrow, if the Senior Center were not here, what would the impact be...and who would notice?)
- To be a vital agent in responding to town-wide disasters and emergencies
- To be a dynamic community resource to engage individuals with diverse skills, talents and abilities to assist elders in East Longmeadow
- To respond to the growing needs of an older population