



Town of Salisbury
Council on Aging
43 Lafayette Road
Salisbury, Massachusetts 01952

Volunteer Application

(Please type or print all information)

Name: _____

Today's Date: _____

Address: _____

Residence Telephone: _____

City _____

Phone _____

State/Province _____

Email _____

Country _____

Business Telephone _____

Occupation _____

Business E-Mail _____

(please be specific)

Assignment Desired: _____

Available: Days of the Week: _____

Months of the Year: _____

Time Available: _____

Starting Date: _____

What physical conditions should be taken into consideration in arranging volunteer assignments for you?

Previous Occupations: _____

Previous volunteer service: _____

Interest/Hobbies: _____

Special Talent Skills: _____

Name of Contact Person: _____

Phone: _____

Relationship: _____

Address: _____

Circle the description that best fits your volunteer activity

Friendly Visitor	Literacy	Crime Prevention	Health Services	Nutrition
Working with students	Cuddles	Social Enhancement	Outreach	Adult Education

Other Volunteer Activity (please explain): _____

Would you be willing to volunteer for special events: _____



Chapter 6 § 172C CORI REQUEST FORM

SLCOA
CH444

The Salisbury Council on Aging has been certified by the Criminal History Systems Board for access to all criminal offender record information on the following individual pursuant to M.G.L. Chapter 6 § 172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly person or disabled person, or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT / EMPLOYEE INFORMATION (PLEASE PRINT)

_____ LAST NAME			_____ FIRST NAME			_____ MIDDLE NAME		
_____ FORMER LAST NAME 1			_____ FORMER LAST NAME 2					
_____ FATHER'S LAST NAME			_____ FATHER'S FIRST NAME					
_____ MOTHER'S LAST NAME			_____ MOTHER'S FIRST NAME			_____ MOTHER'S MAIDEN NAME		

RACE

XXX - - - - -

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(last 6 digits required)

Sex: _____

Height: _____

Eye Color: _____

Driver's License or ID Number: _____

State of Issue: _____

CURRENT AND FORMER ADDRESSES:

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE



Town of Salisbury

Council on Aging

43 Lafayette Road
Salisbury, Massachusetts 01952

Emergency Contact Form and Participation Release Form

Name: _____ Date of Birth _____

Address: _____

Home Phone: _____

Cell phone: _____

Do you live alone? ☐ Yes ☐ No

Who do you live with? _____

Do you have a lock box? ☐ Yes ☐ No

Do you have an updated File of life? ☐ Yes ☐ No

Do you have Lifeline or other emergency response system? ☐ Yes ☐ No

EMERGENCY CONTACT:

1. Name/Relationship _____ Address _____

Home Phone _____ Cell Phone _____

2. Name/Relationship _____ Address _____

Home Phone _____ Cell Phone: _____

SPECIAL CIRCUMSTANCES:

☐ Deaf or hearing impaired ☐ Do you use a smart phone device to communicate?

☐ Blind or visually impaired ☐ Service dog

☐ Diabetic or other health needs ☐ Cognitive Impairment ☐ Speech impaired

☐ Confined to bed ☐ Need assistance getting on a van

Wheelchair: ☐ manual ☐ electric ☐ Walker ☐ Cane

☐ Require electric powered devices: ☐ oxygen ☐ CPAP ☐ other _____

I (we) have pets: yes no Type of pet. _____

Weight of pet(s). _____ I (we) have a cage for pet(s): Yes No

Does someone nearby have a key to your house? Yes No

Name, _____ Telephone _____

Any other needs or concerns in the event of an emergency? Please be specific ..

