



## OFFICE OF THE COUNCIL ON AGING

Beech Street Center

266 Beech Street

Belmont, MA 02478

617-993-2970

Nava Niv-Vogel, *Director*

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### VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ E Mail: \_\_\_\_\_

**Picture ID required** \_\_\_\_\_ Cell phone # \_\_\_\_\_

*Availability: (Please Check)*

Days: Mon ( ) Tues ( ) Wed ( ) Thurs ( ) Fri ( ) Weekends ( )

Hours: A.M. ( ) P.M. ( ) Lunch: 11:30 A.M.-1:30 P.M. ( )

*Mode Of Transportation: (Please Check)*

Auto ( ) License: \_\_\_\_\_ Registration: \_\_\_\_\_

Public {Bus/Train} ( ) Coa Transportation ( )

*Do you have any experience as a volunteer ?*

No ( ) Yes ( ) {describe} \_\_\_\_\_

*Please list any special skills or interests which you are willing to share:*

Certification : ( if applicable ) \_\_\_\_\_

*What languages do you speak?* \_\_\_\_\_

*Do you have any physical limitations ?*

No ( ) Yes ( ) {describe} \_\_\_\_\_

*Emergency contact:*

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please be aware that the LAW requires a STATE POLICE background check to be conducted on all volunteers, requiring the COUNCIL ON AGING to provide the following information to the MASSACHUSETTS state agency:

Prior Names: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ (optional)

***BELMONT COUNCIL ON AGING***

**VOLUNTEER OPPORTUNITIES**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE CHECK OPPORTUNITIES WHICH INTEREST YOU:

**COMMUNITY OR HOME BASED**

FRIENDLY VISITOR ( ) -- Visit Homebound Elder At Your Mutual Convenience

TELEPHONE REASSURANCE ( ) -- Phone Homebound Elder at Your Mutual Convenience

SUBSTITUTE DRIVER ( ) -- Substitute ( if Available ) When Regular Driver Is Unavailable

SENIOR ESCORT ( ) -- Escort ( if Available ) Elders To Medical Appointments

**SENIOR CENTER BASED**

GREETER ( ) -- Greet and Direct Visitors to Reception Area

RECEPTIONIST ( ) --, Answer Phones, Transfer Calls, Log Program Reservations

ASSISTANT TRANSPORTATION DISPATCHER ( ) -- Communicate With Seniors by Telephone,  
Log Transportation Reservations,  
Communicate With Drivers by Radio

STAFF ASSISTANT ( ) -- Assist Staff with Routine Functions

COMPUTER INSTRUCTOR/TUTOR ( ) -- Instruct or Assist Instructor with Computer Classes and/or  
Tutor Individuals

PROGRAM INSTRUCTOR/LEADER ( ) -- Instruct or Lead Senior Programs

COMPUTER DATA ENTRY ASSISTANT ( ) -- Enter Data Into Computer

SERVER ( ) ---Set Up, Serve Senior Lunches

**THANK YOU FOR YOUR INTEREST**



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### **GUIDELINES FOR VOLUNTEERS**

- Spend specific time allotted.
- Follow job specification and try to be objective.
- Recognize the need for confidentiality. Do not discuss any client related information that was either told or overheard.
- Do not get involved in family situations.
- Do not provide financial assistance to clients (signing, cashing, or receiving checks), and no discussion of financial matters.
- Do not bring food to clients (except for M.O.W. delivery), as they might have a specific diet.
- Do not buy liquor or medication for clients.

I understand that confidentiality is of utmost importance to the personal safety of those receiving volunteer services. This includes no discussion of matters heard either in or outside of the office even though there is no mention of names and addresses.

As a volunteer for the BELMONT COUNCIL ON AGING I agree to a commitment of confidentiality.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

