



Elder Services of Berkshire County, Inc.

Equal access to programs, services, and employment opportunities are available to all persons without regard to age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation or any other basis protected by applicable federal, state, and/or local law.

Volunteer Application

(Please print)

Date _____

Placement Preferences – Please mark your area of interest(s):

- | | |
|--|---|
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Nursing Home Ombudsman |
| <input type="checkbox"/> Transporting Clients | <input type="checkbox"/> SHINE Counselor |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Money Management |
| <input type="checkbox"/> Food Service Kitchen | |
| <input type="checkbox"/> Food Service Congregate Meal Site | |
| <input type="checkbox"/> Meals On Wheels Delivery | |
| <input type="checkbox"/> Office Assistance | |
| <input type="checkbox"/> Video Volunteer for Berkshire Senior TV | |

Personal Information

Are you at least 18 years of age? ☐ Yes ☐ No

Name: _____
First Name Middle Initial Last Name

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone (Home): _____ Phone (Mobile): _____

Phone (Work): _____ Driver's License #: _____

Expiration date: _____

Date of Birth: _____

or

Government ID #: _____

How did you learn about Volunteer Opportunities with Elder Services of Berkshire County, Inc.? ☐ Advertisement ☐ Friend

☐ Relative ☐ Agency Website

☐ Other Referred by (person/organization) _____

Emergency Contact

Emergency Contact Name _____

Relationship _____ Phone _____

Education/Special Skills/Training

Education/Special Training _____

Highest Level of Education – Major _____

Do you speak a language other than English fluently? _____

If so, which language(s) _____

Special training, skills, hobbies

Groups, clubs, organizational memberships

Work Experience

Current/Previous Employer: _____

Position/Title held: _____

Dates of Employment: _____

Previous Volunteer Experience

Have you volunteered for Elder Services of Berkshire County in the past? ☐ Yes ☐ No

Have you ever volunteered? If yes, for what agency, what position, and dates?

Describe the agency and your volunteer responsibilities _____

What experiences have you had that may prepare you to work as a volunteer with elders?

What attracted you to this volunteer program? (Or, what do you want to gain from this volunteer experience?) _____

How did you hear about Elder Services? _____

Are you fulfilling a school or community service requirement? _____

If so, describe frequency and hours needed: _____

Any allergies to animals? _____ If so, what kind _____

Fear of any animals? _____ If so, what kind _____

Are there any restrictions to where you will travel in Berkshire County? ☐ Yes ☐ No

If yes, what cities/towns will you travel to? _____

Available Schedule

Which days/times are you available to volunteer?

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

If applying to transport clients or be MOW Driver please answer the following:

Do you have a valid MA driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have proof of car insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car available for transporting others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year, make and model of vehicle: _____ License Plate # _____	

References

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer, co-workers or friends.

Provide complete mailing addresses. (No relatives please)

1.) Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Relationship: _____ Years Known: _____

2.) Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Relationship: _____ Years Known: _____

3.) Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Relationship: _____ Years Known: _____

Please read the following carefully before signing this application:

I certify that the information I have given in this application is accurate and up-to-date. I further certify that I have and will provide information throughout the selection process that is true, correct, and complete to the best of my knowledge. I understand that submitting this application does not guarantee my acceptance into the Elder Services' volunteer program and that a volunteer placement is determined following an assessment by Elder Services' administration. I understand that Elder Services of Berkshire County, Inc. does not discriminate based on any legally protected status under federal, state, or local law.

I agree that although I am not an employee of Elder Services of Berkshire County, Inc., I will abide by their policies pertaining to volunteers.

I understand that if I have misrepresented application information and/or fail to adhere to program guidelines, I may have my application approval withdrawn. I understand that Elder Services requires background checks prior to acceptance as a volunteer. Information will be provided regarding my rights and I will sign an appropriate release authorization.

Print Name _____ Date _____

Signature _____ Date _____

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, disability and other protected status of volunteers. This data is for statistical analysis with respect to the success of the affirmative action program.

Submission of this information is optional and will not affect any volunteer placement decision.

Affirmative Action Survey - Gender

___ Male ___ Female ___ Other

Affirmative Action Survey – Ethnicity/Race

Ethnicity:

Are you Hispanic or Latino?

- ☐ No, I am **not Hispanic or Latino**.
- ☐ Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

- ☐ **White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- ☐ **American Indian/Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Asian**– A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Two or More Races** – All persons who identify with more than one of the above five races.

{Continued on Next Page}

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities¹. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- | | | | |
|----------------------|------------|----------------------|--|
| • Blindness | • Autism | • Bipolar disorder | • Post-traumatic stress disorder (PTSD) |
| • Deafness | • Cerebral | • Major depression | • Obsessive compulsive disorder |
| palsy | | • Multiple sclerosis | • Impairments requiring the use of a |
| • Cancer | • HIV/AIDS | (MS) | wheelchair |
| • Diabetes | | • Missing limbs or | • Intellectual disability (previously called |
| • Schizophrenia | | partially missing | mental retardation) |
| • Epilepsy | | limbs | |
| • Muscular dystrophy | | | |

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

Your Name

Today's Date