

Volunteer Application

Acton Council on Aging
at the Senior Center

30 Sudbury Road, rear,
Acton, MA 01720

Telephone 978-929-6652

Email: seniorcenter@actonma.gov

First Name		Last Name	
Street Address			
Home Phone	Cell Phone	Email	
Emergency Name & Contact Number		Relationship	

How did you hear about volunteering at the Acton Council on Aging?

What areas of volunteering are of interest to you?

What is your educational, employment and volunteer background?

Do you have a particular interest, hobby or skill that would help us place you in an appropriate role?

What is your availability (e.g. mornings, afternoons, days of the week, frequency)?

Please provide two references:

Name	Phone Number	Relationship

Volunteer Agreement: I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I volunteer my services through Acton Council on Aging.

Confidentiality Policy and Agreement: We want to be respectful of client’s privacy. Acton Council on Aging respectfully asks anyone working with us, including volunteers, to keep the names and circumstances of our seniors confidential. Volunteers should speak of their concerns **only** to Senior Services Coordinator Beverly Hutchings or Director Sharon Mercurio, and should never share personal information with anyone else.

By signing below, I confirm that I have read and understood the above, that I understand all volunteers age 18 or older are required to have a CORI background check prior to working with seniors, and that any criminal record may disqualify me from serving as a Council on Aging volunteer.

Date: _____

Signature: _____

Staff Signature: _____