



# Agawam Council on Aging

Discover Your Center - Relight Your Purpose  
Michael A. Squindo, LCSW  
Executive Director

## City of Agawam Council on Aging

954 Main Street, Agawam, MA 01001  
413-821-0604 (Main Office) Fax: 413-789-4092

### Volunteer Application

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

#### General Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Are you a student or applying for community service or an internship?(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  
 To Give Back to Community  Family/Group Activity

#### 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 City of Agawam allowing me to participate as a volunteer in various Agawam Council on Aging events, I hereby release, discharge, and agree not to sue the City of Agawam, the Agawam 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 Agawam 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 City of Agawam, the Agawam 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"/> Activity Leader                   | <input type="checkbox"/> Barista                      | <input type="checkbox"/> Data Entry Specialist                   |
| <input type="checkbox"/> Fitness Room Ambassador           | <input type="checkbox"/> Instructor                   | <input type="checkbox"/> Librarian                               |
| <input type="checkbox"/> Lunch Room Ambassador             | <input type="checkbox"/> Media Support Specialist     | <input type="checkbox"/> Outreach Support Specialist             |
| <input type="checkbox"/> Program Support Specialist        | <input type="checkbox"/> Receptionist                 | <input type="checkbox"/> SHINE Counselor/Tour Guide <sup>1</sup> |
| <input type="checkbox"/> Tele-buddy Companion <sup>2</sup> | <input type="checkbox"/> Tour Guide                   | <input type="checkbox"/> Transportation Companion                |
| <input type="checkbox"/> Transportation Support Specialist | <input type="checkbox"/> Volunteer Support Specialist | <input type="checkbox"/> Other                                   |

If other, please specify:

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**Why are you interested in being a volunteer for the Agawam Council on Aging?**

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**What are your interests/hobbies/skills?**

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**What is your primary spoken language?** \_\_\_\_\_

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

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**Information needed for our database: MySeniorCenter**

*Please note all information is required (with exception of nickname if there is none)*

Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Live alone (check one):       Yes       No

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

Find us on Facebook at: [www.facebook.com/AgawamSeniors](http://www.facebook.com/AgawamSeniors)

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<sup>1</sup> Requires training, certification, and application approval from Regional SHINE Office

<sup>2</sup> Specially Designed Volunteer Opportunity for Homebound Seniors

**How did you hear about Agawam Council on Aging?**

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**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: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reference 2

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

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Information:**

Thank you for your interest in volunteering with the Agawam Council on Aging. 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 City of Agawam to take an Ethics Training online course. Depending on your volunteer role you may be required to complete additional forms. New volunteers begin on a 30 day trial period, at the end of which it will be determined if the volunteer shall remain in the assigned role. Remember to have fun and to be the person that brightens another person's day.



**Agawam**  
**Council on Aging**

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