



CITY OF EASTHAMPTON
Council on Aging and Enrichment Center
19 Union Street
Easthampton, MA 01027
Phone: 413-527-6151 Email: coa@easthamptonma.gov

COMPANION DRIVER APPLICATION AND INFORMATION

Please complete this form, the 2-page CORI form, and optional W-9, and return with required documentation to the above address or email, ATTN: Volunteer Application.

The Easthampton Council on Aging & Enrichment Center (ECO) is a municipal department of the City of Easthampton. Committed to improving the lives of Easthampton seniors, ages 55 and over, the ECO provides essential programs and activities that meet the needs of our aging population. It is our priority to offer outreach services, health and fitness classes, social activities, accessible transportation, and educational courses that will enhance the lives of our community elders. The Easthampton Council on Aging has included "Enrichment Center" in its title to broaden awareness of our many levels of service and programs for area residents age 55+. Priority is given to Easthampton residents. There are some exceptions for events and programs held at the center that are open to all communities/ages. Membership to the Enrichment Center and Outreach services are free.

The City of Easthampton is an equal opportunity/affirmative action employer and that applies to volunteers, too. All qualified applicants are considered without regard to race, color, gender, religion, sex, national origin, age, marital status, sexual orientation, military status, disability unrelated to a person's occupational qualifications, or any other class protected by federal, state, or local law. The Easthampton Council on Aging is committed to diversity in volunteer recruitment practices and service delivery. Our municipal department takes affirmative action to serve people in our community with fairness and respect for all. We recognize that many differences among people may be barriers to inclusion. These differences include race, sex, age, disability, nationality and ancestry, class, religious and political beliefs, marital status, sexual orientation, and gender identity. We welcome and value all persons, and we dedicate our Department to an ongoing effort to achieve the goal of greater diversity among our volunteers.

We are a community of people helping people. Our volunteer program enriches lives, forges connections to new friendships and sustains old ones, and helps people continue to live in their homes and engage in their community.

We can pay mileage for the portion of your rides driving the participants. For the portion of your drives from your home to the senior's home and back again to your home, mileage is available through RSVP (Retired Senior Volunteer Program) of the Pioneer Valley. Please consider joining RSVP for additional support and recognition. You can also drive for Easthampton Neighbors if you would like more work!

- RSVP applications available at the ECOA or at www.communityaction.us/rsvpvolunteer
- Easthampton Neighbors membership: www.easthamptonneighbors.org/

We endeavor to supervise, support, and celebrate our volunteers. Our volunteer program is in transition due to Covid-19's impact on our center. Soon, we will have a volunteer handbook. In the meantime, if you have any questions or wish to express any concerns, please address them to the COA Director. Additional volunteer opportunities may be available in addition to companion driving. You can indicate your interests on the following application.

Thank you for applying to the Companion Volunteer Driver Program.



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GENERAL VOLUNTEER APPLICATION AND INFORMATION

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Thank you for applying to the ECO Volunteer Program.



CITY OF EASTHAMPTON

Personnel Department

Easthampton Municipal Building

50 Payson Avenue

Easthampton, MA 01027-2266

Telephone: 413-529-1466

Fax: 413-529-1488

VOLUNTEER DATA RECORD

Date of Application or Change _____

PERSONAL DATA

DEPT Council on Aging

Name: _____ Sex: M ___ F ___ N ___

Date of Birth: _____

Home Phone _____

Cell Phone: _____

Address: _____

Mailing Address: (if different) _____

Home E-mail: _____

Work E-mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Relationship: _____

Emergency Contact Phone: _____

GENERAL INFORMATION

1. Why are you interested in volunteering?

2. What relevant activities have you been involved with in the past?

3. Are you fluent in a language other than English?

___ Yes ___ No *If "Yes," what language?* _____

4. How did you learn about this volunteer opportunity?

___ Word of mouth ___ Newsletter ___ Senior Center
___ RSVP ___ Easthampton Council on Aging web site
Other _____

5. What volunteer activities would you like to do?

6. When are you available during the week to volunteer? Days, times of day:

CURRENT/PAST VOLUNTEER ACTIVITY

1. **Organization** _____ **Position** _____

Dates of Service _____

2. **Organization** _____ **Position** _____

Dates of Service _____

EMPLOYMENT

Are you currently employed? ___ Yes ___ No ___ Retired

If "Yes," specify hours: Full-Time Part-Time

Employer _____ **Position** _____

REFERENCES – 1 or 2 work/volunteer supervisor, 1 personal if not 2 professional or volunteer

REFERENCE # 1 Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone _____ Email _____

REFERENCE # 2 Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone _____ Email _____

COMPANION DRIVERS ONLY

1. Do you have a safe and dependable private vehicle that you are willing to use to transport a client?
_____ Yes _____ No
2. Would you be willing to assist a client who, for mobility reasons, must utilize public transportation?
_____ Yes _____ No
3. As a rule, do you plan to use public transportation services to transport a client?
_____ Yes _____ No
If "Yes," please skip the next three sections: Driver's License & Driving History, Vehicle Insurance, and Vehicle Information.
4. Are there certain areas in Franklin, Hampshire or Hampden County that you will not travel to? If so, please identify the cities/towns.
5. Are you able and willing to provide assistance with transfers and ambulation? _____ Yes _____ No
6. Are you able and willing to take a folding wheelchair? _____ Yes _____ No
7. Are you able and willing to take a portable oxygen tank? _____ Yes _____ No
8. How many rides per week/hours of driving/accompanying participants are you willing to provide?
9. How much notice for ride reservations do you need?

THE FOLLOWING AGREEMENTS MUST BE SIGNED AND RECEIVED BY CITY OF EASTHAMPTON PRIOR TO ANY VOLUNTEER WORK BEING PERFORMED

VEHICLE INSURANCE (COMPANION DRIVERS ONLY)

I agree that I will meet all statutory requirements and maintain Liability Limits of no less than \$100,000 for Damage to Someone Else's Property, \$100,000/\$300,000 for Optional Bodily Injury to Others and \$8,000 with no deductible for Personal Injury Protection.

I understand that my vehicle Insurance Policy is Primary in the event of an incident and that it is my sole responsibility to consult with my insurance agent or advisor for the adequacy of limits and coverage above the minimum required. I understand, furthermore, that the City of Easthampton does not provide coverage for collision (damage to my vehicle) or bodily injury.

I agree to report any changes in vehicle or insurance coverage within 48 hours. I will provide a current copy of my automobile insurance after any change in coverage, and at each renewal period. I also authorize the City of Easthampton and its agents to periodically verify the status of my license and review my driving record as they see fit and release them and their agents from any liability for doing so.

Signature of Applicant _____
Date

Drivers License: Provide a copy with CORI form

Auto Insurance Company _____ Insurance Agent _____
Policy Number _____ Exp. _____
Day/Month/Year

Please attach a copy of your automobile insurance policy coverage selection page and submit with this application.

VEHICLE INFORMATION (COMPANION DRIVERS ONLY)

Vehicle 1: Make & Model _____ Color _____
Year _____ License Plate Number _____
Number of working seat belts: _____ Air bags: ____ Yes ____ No

Vehicle 2: Make & Model _____ Color _____
Year _____ License Plate Number _____
Number of working seat belts: _____ Air bags: ____ Yes ____ No

I hereby attest that I will only drive personal vehicles during my Companion Driver Volunteer duties that are registered, insured, and meet state inspection requirements. I will not drive any personal vehicle on my Companion Driver Volunteer duties with a defect that a normal person would deem unsafe.

Signature of Applicant _____
Date

PROBATIONARY PERIOD

The first 90 days of volunteering with the ECOA is considered to be probationary. At any time during the 90 day probationary period, the ECOA retains the right to revoke volunteer status. By signing below, I hereby acknowledge that I have been informed of this policy and agree to abide by it.

Signature of Applicant

Date

CLIENT CONFIDENTIALITY

As employees and volunteers of the Easthampton Council on Aging (ECO A), it is important that we maintain client confidentiality at all times. By providing certain services, the ECOA is frequently responsible for documenting personal information that can be highly sensitive (i.e. health records, financial information, legal documents, etc.). While only a select few have access to this information, it is important that all of us adhere to the privacy rule standards of the Health Insurance Portability and Accountability Act (“HIPAA”).

According to the U.S. Department of Health and Human Services (HHS):
The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)." "Individually identifiable health information" is information, including demographic data, that relates to: the individual’s past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

By signing this document, you agree to the Terms and Conditions listed below:

Under no circumstances shall an employee or volunteer of the ECOA release identifiable client information to the general public. In order for the ECOA to exchange personal records with an outside agency, government department, or healthcare provider a written authorization needs to be completed by the client. If the client is unable to complete the authorization due to mental illness or diminished capacity, a legal representative can act on their behalf. However, the ECOA will not accept or use an authorization form from a representative until legal documentation of their role/title is provided (ex: Power of Attorney or court appointed guardian).

“An authorization must specify a number of elements, including a description of the protected health information to be used and disclosed, the person authorized to make the use or disclosure, the person to whom the covered entity may make the disclosure, an expiration date, and, in some cases, the purpose for which the information may be used or disclosed.” - The U.S. Department of Health and Human Services

A client has the right to revoke an authorization form at any given point (verbally or written). The ECOA must honor this request, and immediately discontinue any current or future services covered under the authorization. The date of termination needs to be recorded on the initial authorization form and updated on My Senior Center service notes.

Any documents containing personal information at the front desk need to be stored away when not being used directly by ECOA staff or volunteers (e.g. registration lists, van schedules, companion information, & DME loan forms).

Outreach case files/documents should never be left unattended for any reason. If the file/document is no longer being used, the Outreach Worker is responsible for storing it in the appropriate file cabinet in a locked office space, unless they are physically occupying that space.

Any time a volunteer or instructor completes a Criminal Offender Record Information (CORI) form the Director should be notified immediately. In addition, the ECOA staff or volunteers should always store any completed forms in the designated file cabinet in the Director's office.

Effective September 1st, 2018, new Outreach clients will be asked to sign an authorization form for the ECOA. It is important for our clients to understand that the ECOA Director has access to their physical files and files stored on My Senior Center software. The Director will only exercise this administrative authority for the continuity of services when the Outreach Worker is unavailable, during an emergency situation, or when asked to help with a client's case.

A client can drop off documents for an Outreach Worker who is unavailable. However, the ECOA staff or Volunteer handling the situation needs to secure the documents in an interoffice envelope, and then place it in the Outreach Workers office. The office door should be locked immediately after. Never place personal documents in the Outreach mailbox.

Whenever fitness center documentation is received at the ECOA it should be placed in an interoffice envelope, then it should be safely stored in the Director's office. Never leave it in the mailbox.

By signing this form, you are helping the ECOA to protect the confidentiality of its clients and participants. Our department is responsible for maintaining this standard at all times. Violating HIPAA privacy rules can result in legal consequences that could significantly impact the services we provide at the ECOA. Every Volunteer and staff person will be expected to sign this policy as a commitment to our department and the individuals we serve.

I have read the entire contents of this policy. I understand the policy and agree to comply.

Signature of Volunteer Applicant

Date

VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

This is a Release and Waiver of Liability executed on this date, by (the "Volunteer" or "I" or "my" or "e"). I have fully, voluntarily and without duress agreed to serve as a volunteer for the City of Easthampton, and I recognize that my volunteer participation is a privilege afforded to me by the City of Easthampton. I understand that I am strictly a volunteer of the City of Easthampton and in no way an employee, independent contractor, or agent of the City of Easthampton. I understand that I am at no time required to be present or perform volunteer services for the City of Easthampton at any time. I fully understand, appreciate and assume all of the risks associated with my volunteer duties. In exchange for my participation, I hereby agree to the following:

1. No Payment

I agree and understand that I will not receive anything of value to compensate or pay me for my time or the services I provide. I have not received any express or implied promise of a future benefit.

I am donating my time and services for a civic or charitable purpose.

2. Assumption of Risk

I understand that my volunteer activities may be hazardous or otherwise result in injury to me. I voluntarily waive, release and hold harmless City of Easthampton, its past or present Directors, City Council, committees, subdivisions, offices, departments, administrators, successors, assigns, officers, employees, contractors, agents, attorneys, affiliate organizations, and other volunteers (collectively known as "City of Easthampton") from any and all claims, causes of action and damages for bodily injury, permanent or temporary disability, scaring, drowning, emotional or mental injury, or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a City of Easthampton volunteer. I understand that there may be other risks and social and economic losses either not known or readily foreseeable at this time. I hereby expressly and voluntarily assume all of the above risks, and all other risks associated with my participation as a City of Easthampton volunteer. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of performing my volunteer duties.

3. Release and Waiver

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the City of Easthampton , its past or present Directors, City Council, committees, subdivisions, offices, departments, administrators, successors, assigns, officers, employees, contractors, agents, attorneys, affiliate organizations, and other volunteers (each considered one of the "Releasees" herein), from and against FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, CAUSES OF ACTION, JUDGMENTS, SETTLEMENTS, COSTS AND EXPENSES (INCLUDING, BUT NOT LIMITED TO, REASONABLE EXPERT WITNESS AND ATTORNEY FEES) and intend this Release to be a complete and unconditional release of all liability to the greatest extent allowed by the law. I agree that if any portion of this agreement and release is held to be invalid, the remainder of the agreement, notwithstanding such invalid portion, shall continue in full force and effect.

Signature of Volunteer Applicant

Date

USE OF IMAGES

May photographs be taken of you while on volunteer duty for marketing and recruitment?
_____ Yes _____ No

AGREEMENT

I certify that the information on this application is true, complete, and correct. I hereby authorize the investigation of my past activities, to include my driving record (**COMPANION DRIVERS ONLY**), criminal history record, and work/personal references provided here, and I release from all liability all persons, companies, and corporations supplying such information. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of volunteer opportunity or discharge. Post-hire discovery of any misstatement on this application will be grounds for immediate dismissal.

Signature of Applicant

Date

office use only

Staff Initials _____

- Driver's License COPIED CORI SUBMITTED CORI APPROVED Reference checks DONE
- Car Insurance coverage selection page COPIED W-9 COMPLETED Vendor # REQUESTED
- Mileage/Client Hours INSTRUCTED MSC MEMBERSHIP DONE MSC HOURS LOG RSVP APPLICATION (optional) Volunteer Driving Preferences SUBMITTED TO RECEPTION