

Today's Date _____

Volunteer Application

Are you Volunteering as: An Individual A Group Name of Organization: _____**PERSONAL INFORMATION**First Name: * _____ Last Name: * _____ Pronouns: _____
he/him, she/her, they/them, etc.

Phone: * (____) _____ Email: * _____

Home Address * _____

Street

City

State

Zip Code

Are you over the age of 18? * Yes No If no, please provide Date of Birth ____/____/____

What, if any, languages do you speak fluently other than English? _____

EMERGENCY CONTACT INFORMATION

First Name: * _____ Last Name: * _____

Phone: * (____) _____ Email: * _____ Relationship: * _____

WORK HISTORY (If you are currently employed, please fill out. If you are not, please skip to the next section.)

Current Job Title _____ Employer _____ Dates _____

EDUCATION (Optional)

Highest Degree Earned _____ Year of Graduation _____

VOLUNTEER EXPERIENCE (If you have prior volunteer experience, please fill out. If not, skip to the next section.)

Volunteer Role _____ Organization _____ Dates _____

Volunteer Role _____ Organization _____ Dates _____

REFERENCES (Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable.)

First Name: * _____ Last Name: * _____

Phone: * (____) _____ Email: * _____ Relationship: * _____

First Name: * _____ Last Name: * _____

Phone: * (____) _____ Email: * _____ Relationship: * _____

ACTIVITY INTEREST (Please mark all potential opportunities that are of interest to you.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Education* |
| <input type="checkbox"/> Front Desk | <input type="checkbox"/> Bingo or Other games | <input type="checkbox"/> Outdoor Yardwork |
| <input type="checkbox"/> Cooking/preparing a meal (for multiple residents, up to 40) | <input type="checkbox"/> Escort to Appointments | <input type="checkbox"/> Entertainment / Talent (ex. Music, Comedy, etc) Specify _____ |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Religious | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Holiday Celebrations | |

*Education will be a long-term commitment

GENERAL AVAILABILITY (Please circle all that applies)

Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Morning/ Afternoon	Morning/ Afternoon	Morning/ Afternoon	Morning/ Afternoon	Morning/ Afternoon	Morning/ Afternoon	Morning/ Afternoon

VOLUNTEER LOCATIONS

Please select the location(s) you are interested in volunteering. Please note that not all opportunities are available at all locations.

- | | | |
|---|--|--|
| <input type="checkbox"/> Anna Bissonnette House
1640 Washington St.,
Boston, MA 02118 | <input type="checkbox"/> Hearth at Four Corners
16 Ronald St.,
Dorchester, MA 02124 | <input type="checkbox"/> Elsie Frank House
4 Bishop St.,
Jamaica Plaine, MA 02130 |
| <input type="checkbox"/> Hearth at Ruggles Assisted Living
25 Ruggles St.,
Roxbury, MA 02119 | <input type="checkbox"/> Hearth at Burroughs Street
27 Burroughs St.,
Jamaica Plain, MA 02130 | <input type="checkbox"/> Ruth Cowin House
1027 Beacon St.,
Brookline, MA 02444 |
| <input type="checkbox"/> Hearth at Olmstead Green
2 Kingbird Rd.,
Dorchester, MA 02124 | <input type="checkbox"/> Virtual | <input type="checkbox"/> Any Location |

TYPE OF VOLUNTEER WORK

Are you seeking volunteer work such as: a paid or unpaid internship, course or club credit, work study, paid community partnerships?

If so, please name and briefly describe your program goals and reporting requirements.

HOW DID YOU LEARN ABOUT VOLUNTEERING AT HEARTH INC.?

- | | | | | |
|--|--|---|--------------------------------------|--|
| <input type="checkbox"/> Hearth Website | <input type="checkbox"/> Email | <input type="checkbox"/> VolunteerMatch.org | <input type="checkbox"/> School/Club | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Hearth Newsletter | <input type="checkbox"/> Social Media: _____ | <input type="checkbox"/> Other: _____ | | |

OTHER REQUIREMENTS

Covid-19: Hearth requires all in-person volunteers to be vaccinated for COVID-19, under the most current CDC guideline, with at least one bivalent mRNA vaccination produced by either Moderna or Pfizer-BioNTech. When returning this form, please also send a copy of your proof of COVID-19 vaccination.

Background check: A background check is required, please fill out the form and return with a valid government issues ID.

AUTHORIZATION

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Hearth Inc.

_____(Initial) **Authorization***

CONFIDENTIALITY AGREEMENT

It is the policy of Hearth, that any employees, volunteers, and interns of Hearth may not disclose, divulge, or make accessible confidential information belonging to its clients, tenants, and employees other than to those persons who have legitimate need for such information and to whom Hearth has authorized disclosure.

In signing this agreement, I acknowledge that I have read and understand Hearth's confidentiality policy stated above. I understand and agree that in the performance of my duties as a volunteer of Hearth, I must hold certain information regarding clients, employees, and volunteers in the strictest confidence.

Further, I understand that confidentiality is protected by Federal law (42CF R Part II and Uniform Health Care Information Act), and that any intentional or involuntary violation of the confidentiality regarding clients, employees, and/or volunteers may result in disciplinary action including suspension and/or termination.

_____(Initial) **Confidentiality Agreement***

LIABILITY RELEASE

I hereby release, indemnify, and hold harmless Hearth Inc., its officers, directors, and employees, and the organizers, sponsors, and supervisors of all Hearth activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Hearth.

_____(Initial) **Liability Release***

SIGNATURE

By signing, you acknowledge that you have completed this form to the best of your abilities and give Hearth permission to review and securely store this information. You also give Hearth permission to contact you regarding your volunteer application.

Signature

Date

When you submit your volunteer application and Background Authorization form, please: 1) **provide a copy of your valid government-issued photo ID.** 2) **sign the Background Authorization Form** (form needs a "real" signature, not digital). 3) A copy of your COVID-19 Vaccination Card.

Please return all forms to Sepi Ghoreishi, HR Assistant.

Email: sghoreishi@hearth-home.org

1640 Washington Street • Boston • MA 02118 • T 617.369.1550