



Montpelier Senior Activity Center

58 Barre Street, Montpelier, VT 05602

A Place for Healthy Aging and Lifelong Learning

802.223.2518 | msac@montpelier-vt.org | montpelier-vt.org/msac

MSAC Volunteer Application

Thank you for your interest in volunteering with the Montpelier Senior Activity Center (MSAC)! By volunteering with MSAC, you are directly empowering older adults to remain active, socially connected, and independent in their homes and communities for as long as possible. We look forward to having you join the MSAC volunteer programs!

Name _____ Phone # _____

Email address _____

Volunteer areas of interest (check all that apply)

Socialization and connection:

Friendly home visits Check-in phone calls Being an activity buddy (going to events together, arranging get-togethers, etc.)

Indoor assistance:

Handyperson services Light cleaning Change light bulbs/batteries
 Computer and technology help Lifting/moving 25+ lbs

Outdoor assistance (no personal tools required):

Handyperson services Raking Wood stacking Yard work
 Gardening help Snow shoveling Tasks requiring a step ladder

FEAST Program:

Kitchen tasks Meals on Wheels Driving

Other volunteer interests:

Other _____

General availability (any time, weekday afternoons only, etc.)?

Why are you interested in volunteering with MSAC?

Please list two professional or personal references (non-family):

Name	Phone #	Relationship
1. _____		
2. _____		

Emergency contact:

Name _____

Relationship _____

Phone number _____

Liability Release

I assume all risks and hazards incidental to participation in activities at MSAC and MSAC-sponsored activities on-line and off-site, including transportation to and from activity, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Montpelier, the Montpelier Senior Activity Center, their officers, agents, officials, employees, volunteers, organizers, partners, sponsors, supervisors and participants for any claim arising out of an injury to myself or exposure to virus including Covid-19. I understand symptoms of Covid-19 as currently outlined by VT Department of Health, and if attending activities in-person, I agree to cooperate with Covid-19 health screening and self-isolation protocols of MSAC (see current Program Guide), current quarantine requirements of the VT Dept. of Health and other Covid-19 safety guidelines that are currently in effect and/or may arise through the year of 2021-2022 in VT. If I have been in the MSAC facility or participated in any in-person MSAC activity, I agree to notify MSAC staff if I test positive for Covid-19 or am exposed to someone who has, and to support MSAC's contact tracing requirements.

Signature _____ Date _____



Community Services Department has three divisions:
Recreation, Parks & Trees, and Senior Activity Center

Volunteer Confidentiality Statement

With my signature, I agree that I will not discuss, release, confirm, copy, distribute, and/or otherwise use confidential data and information regarding members, program participants, other volunteers, or donors of the City of Montpelier Community Services Department, except in ways that are necessary and related to the volunteer task(s) I have been assigned to do.

Confidential data and information includes but is not limited to: Date of birth, address, phone number, email address, health conditions, financial status, and family contact information.

This agreement extends to protect confidential data and information about people who attend events offered by the Community Services Department, including meals and off-site events sponsored by the Department. This agreement will remain in effect even when I am no longer associated as a volunteer with the Community Services Department.

I understand that the Community Services Department will check my references and/or criminal history record as part of their screening process. I hereby authorize the Community Services Department to conduct a comprehensive background review to use in determining eligibility for providing volunteer services. I attest that all information contained in this application is accurate to the best of my knowledge.

Signature of Volunteer

Date

Printed name of Volunteer

MSAC
Volunteer Role(s) / Program

Photo Release Form



Montpelier Senior Activity Center
58 Barre Street, Montpelier VT 05602

Permission to Use Photograph

Subject Name: _____

Location: _____

I grant to the Montpelier Senior Activity Center (MSAC), its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize MSAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that MSAC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____ (if under age 18)



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060
AND
Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

**** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: LAST FIRST Middle Initial Gender:

Address:

Last four digits of social security number: XXX-XX

Phone number: Birth Date: Place of Birth: City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): (Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): (Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

Montpelier Senior Activity Center
(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date