

COVID-19 Vaccine Clinic Call for Volunteers

We anticipate a town wide launch of a vaccine clinic in Phases Two and Three of COVID-19 Vaccine Distribution. This is a big undertaking. We will need medical professionals, administrative assistance, greeters, observers, logistics or supply help and drivers. Please use the following form to volunteer your time and talents and we will be in touch with you if we can use your help.

****Please be aware, we may not be able to use everyone who volunteers. We will have to staff the clinic based on vaccination status, availability, and training.**

* Required

Name (First and Last)

1. Mailing Address *

2. Email Address *

3. Best Telephone number *

4. Interests/Abilities *

Check all that apply.

- Medical Professional (able to inject)
- Medical Professional (able to prepare injections)
- Greeter
- Observer
- Driver
- Admin Assistance (phone calls, scheduling)
- Supply/Logistics
- Remote assistance like phone calls or mailings

5. Please list any degrees/experience that we should know about (MD, PA, NP, RN, MA, etc) *

6. Availability (please specify days/times and frequency that you'd be able to help) *

7. Have you been vaccinated for COVID-19? *

Mark only one oval.

- Yes, I'm in Phase 1
- No, I'm in Phase 2
- No, I'm in Phase 3

8. CORI Form (**please note a copy of a government-issued photo identification needs to be included to process a CORI. A copy can be submitted with your paperwork, or if returned in person a copy can be made at the Wilbraham Town Hall**).

Mark only one oval.

- I will mail to 240 Springfield Street, attn: Covid Volunteer Coordinator
- I will fill out on training day if I'm needed



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ Town of Wilbraham _____ is registered under the
 (Organization)
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____ Town of Wilbraham _____
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____ Town of Wilbraham _____
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ Town of Wilbraham _____ may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that _____ Town of Wilbraham _____, must first provide me
 (Organization)
 with written notice of this check.

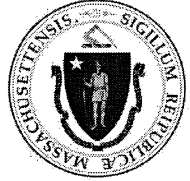
By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



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SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

TOWN OF WILBRAHAM, MASSACHUSETTS

Volunteer Policy

I. INTRODUCTION

The Town of Wilbraham welcomes and appreciates volunteer efforts to encourage public involvement in government affairs and providing quality services and programs to the residents of Wilbraham. Volunteers may serve in a variety of departments and capacities, and are encouraged to look for opportunities which will allow them to share their experience, skills and talents, while offering a meaningful and rewarding experience for the volunteer.

II. CONDITIONS FOR SERVING AS VOLUNTEER

1. A volunteer is defined as an individual who performs hours of service for the Town OF Wilbraham for civic reasons, without promise, expectation or receipt of compensation, benefits or privileges for services rendered. Examples of volunteer positions include but are not limited to, non-appointed members of committees, sport program coaches in the Recreation Department, trip chaperones and drivers in the Senior Center, program assistant's in the Library, videographers for Wilbraham Public Access Television, Vision Task Force volunteers, and those in unpaid internship programs.

2. Volunteers are not employees of the Town of Wilbraham, except for purposes of the Conflict of Interest Law under Massachusetts General Laws (MGL) Chapter 268A. (Volunteers performing services for a town or holding a municipal position, even though unpaid, is a municipal employee under the Conflict of Interest law.)

3. Volunteers are not covered by any of the Town of Wilbraham benefit plans, including its workers' compensation plan.

4. Volunteers are required to conduct themselves in an appropriate manner and in accordance with the Town's policies and regulations, and are subject to the following: Communications Policy, Drug Free Workplace Policy, Protected Class Harassment and Sexual Harassment, Smoke Free Workplace Policy, Whistleblower Policy and Disability Accommodation Policy. A copy of these policies will be provided to each volunteer and each volunteer will sign an acknowledgement of receipt.

5. All volunteers must be covered by their own medical insurance policy and provide evidence of such coverage to the Town.¹

6. Volunteers may be subject to a Criminal Offender Record Information (CORI) check where required by law. (This generally includes volunteers who have unmonitored access to children, the elderly or the disabled.)

¹ Volunteers shall sign a liability waiver form holding the Town harmless from liability arising out of their service to the Town. If Volunteer is under the age of 18, must be signed by a parent/legal guardian.

Town of Wilbraham, Massachusetts

7. Volunteers shall wear a Volunteer Name Tag whenever performing volunteer service, and are required to keep a record of the date, time and hours they spend as volunteers as prescribed by the department director, and shall work **only** at times scheduled by the department director.

8. Court Ordered Community Service may be allowed at the discretion of the Town. Only non-violent criminals and no sex-offenders are permitted to perform community service and their service is at the sole discretion of the department director and the Town Administrator.

9. Each volunteer must complete the "Volunteer Application Form," which will be maintained by the Town's Human Resources Coordinator. Volunteers will be interviewed by the department director who shall determine the qualifications of the applicant prior to being accepted for the volunteer position.

10. Any Volunteers whose service includes operating a Town vehicle of any kind during their volunteer service are required to possess and show proof of a valid, unrestricted operator's license, and shall be subject to the Town's Municipal Vehicle Use Policy. A copy of the policy will be provided to the volunteer and the volunteer will sign an acknowledgement of receipt. Volunteers whose services require them to utilize their personal vehicle should verify appropriate coverage with their personal insurance carrier. Volunteers under the age of 18 are not permitted to operate any vehicle of the Town in the performance of their volunteer services.

11. Volunteers under the age of 18 shall not operate any machinery or engage in any hazardous activity without the express prior written approval of the department director and the Town Administrator.

12. The Town Administrator may adopt protocols and guidelines to carry out this Policy.

APPROVED BY THE BOARD OF SELECTMEN ON JUNE 23, 2014

Town of Wilbraham

Volunteer Waiver, Release and Indemnification

Name of Volunteer (please print): _____

Address: _____ Phone: _____

Volunteer Activity: Town of Wilbraham COVID-19 Vaccination Clinic

Location of Volunteer Activity: COVID-19 Vaccination Clinic Sites

I, the undersigned volunteer, desire and agree to volunteer for the Town of Wilbraham (“Town”) in the volunteer activity described above. I further understand and agree as follows:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Town, and the Town will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. Assumption of Risk. I assume all risks of participating in this volunteer activity and assume full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that the Town is not responsible for conditions that I create myself or those created by other volunteers or participants;
4. Waiver and Release. I, understand and acknowledge that this waiver discharges the Town from any liability or claim that I may have against the Town with respect to bodily injury, personal injury, illness, death or property damage that may result from my participation in the volunteer activity. I hereby agree to release, hold harmless and indemnify the Town, its officers, employees, agents and volunteers, from and against any and all loss, damage, expense or cost (including attorneys fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of the Town or otherwise.
5. I certify that I have health insurance covering me from illness, injury or accident.

I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian
(if volunteer is under age 18)

Printed Name of Parent/Legal Guardian

Date