



Easton Council on Aging



Volunteer Opportunities

Helping the Elderly

**Easton Council on Aging
Frothingham Hall Community Center
15 Barrows Street
North Easton, MA 02356**

Voice/TTD: 508.238.3160

FAX: 508.238.3089

E-mail: dkent@easton.ma.us

www.easton.ma.us

Registration Form

Volunteer opportunities with the Council on Aging are available in many different areas. Please review the volunteer descriptions on the following page and check those which interest you. The Council on Aging must request all available Criminal Offender Record Information (CORI) on all applicants for positions in which volunteers might have direct or indirect contact with the elderly. Therefore, please complete the CORI form included on this site and return it, along with a copy of your license, and this registration form with volunteer positions checked to: Easton Council on Aging, 15 Barrows Street, North Easton, MA 02356.

If you would like more information, please call 508-230-0540. We will call you to fill positions as the needs arise. Thank you.

Council on Aging Volunteer Opportunities

Name: _____ Phone #: _____

Cell #: _____

- Baker** _____ Bake cookies or pastries for special Council on Aging gatherings.
- Board Member** _____ Advocate for elders while serving on the board of either the Council on Aging, the Old Colony Area Agency on Aging, or the Old Colony Elderly Services home care agency.
- Chore Work** _____ Wash windows, clean a refrigerator or oven for a frail elder.
- Driver** _____ Drive an elderly to a medical appointment, shopping, etc.
- Data Entry** _____ Enter data for mailing list and/or COA database.
- Elder Escort** _____ Escort a frail elder to a medical appointment or shopping. The COA provides the vehicle.
- Friendly Visitor** _____ Visit or call a homebound elder on a weekly basis.
- Homecare** _____ Assist a frail elder with light housekeeping, laundry, meals, or personal care.
- Home Repairs** _____ Perform minor home repairs for a frail elder.
- Income Tax Help** _____ Assist elders in completing Income Tax returns during tax season. Training provided.
- Lunch Program** _____ Set lunchroom tables, serve food, and assist with clean up.
- Meals on Wheels** _____ Deliver 8-10 meals to homebound elders.
- Newsletter** _____ Fold COA Newsletters and affix mailing labels.
- Office Work** _____ Answer the COA telephone, take program sign-ups and messages.
- Photographer** _____ Take pictures of COA programs or activities. COA provides the camera.
- Program Assistant** _____ Set up and/or take down chairs, sweep floors, clean up refreshments after a special program.
- Reassurance Calls** _____ Call a homebound elder daily to check on their well-being.
- S.H.I.N.E** _____ Serving Health Information Needs of Elders: Provide information on health insurance options and assist elders in completing health insurance claim forms. Training provided.
- Shopping/Errands** _____ Pick up groceries or do errands for a homebound elder.
- Yard work** _____ Mow grass, rake leaves or shovel snow for a frail elder.
- Other** _____ If you have an area of expertise that you would like to share with our elderly, please tell us about it and we will be glad to work with you in providing service to our elderly residents.

Please complete the CORI form on the next page and return it with a copy of your driver's license.



**Town of Easton
Council on Aging
15 Barrows Street
North Easton, MA 02356
508-238-3160**

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CHAPTER 6, §172C CORI REQUEST FORM

Town of Easton Council on Aging is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR ALIAS (IF APPLICABLE)		PLACE OF BIRTH
DATE OF BIRTH	SOCIAL SECURITY NUMBER <small>(Requested but not required)</small>	*ID Theft Index PIN <small>(if applicable)</small>
MOTHER'S MAIDEN NAME		
CURRENT AND FORMER ADDRESSES		
MAILING ADDRESS IF DIFFERENT		
SEX	HEIGHT FT. IN.	WEIGHT EYE COLOR
STATE DRIVER'S LICENSE NUMBRER:		(include state of issue)

For Office Use Only

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____ DATE _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to CHSB via mail or by fax to 617-660-4614.