



**City of Gardner
Human Resources Department
95 Pleasant Street, Rm. 14
Gardner, MA 01440
(978) 630-4001 ♦ Fax (978) 630-4025**

2019 Volunteer Incentive Program Application

Name: _____

Address: _____
Street City/Town State Zip Code

Home Phone: _____ Email Address: _____

When are you available to work:

- Weekdays (please circle): Monday, Tuesday, Wednesday, Thursday, Friday
 Time of Day: (please circle): Mornings Afternoons

In case of an emergency or illness please notify:

Name: _____ Relationship: _____

Address: _____
Street City/Town State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please check all of the ways in which you are available to assist as a volunteer:

- Clerical Support (filing, data entry, phone messages)
 Facility cleaning (sweeping, mopping, dusting and general cleaning)
 Grounds Maintenance/Laborer (mowing, raking, trash removal, weeding, watering plants, sweeping sidewalks and parking areas, snow removal, etc...)
 Other (please explain): _____

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal. I acknowledge that I am required to follow all instructions given by my supervisor or his/her designee, to perform all assigned duties and to follow all rules of the City of Gardner. I agree to demonstrate a good attitude and willingness to perform the duties assigned in a pleasant manner.

While working for the City of Gardner, I will:

- Arrive clean, neat and appropriately attired.
- Not consume alcohol or illegal drugs before or during my volunteer work assignment.
- Not distribute literature of any type.
- Not bring other people with me during my volunteer working hours.
- Avoid the use of profanity while on site.
- Not engage in inappropriate behavior with employees, members of the public or other volunteers.

Applicant Signature: _____ Date: _____

Background Check

I understand that the City of Gardner will conduct a background check prior to acceptance as a volunteer. I agree to provide the necessary information as requested and further understand that said background check may include a review of sex offender registries and/or criminal history records (CORI request form attached hereto for execution by applicant).

Applicant Signature: _____ Date: _____

Indemnity

I, for myself, my personal representatives and dependents hereby release, indemnify and hold harmless the City of Gardner (the “City”), its elected officials, directors, employees, agents and other volunteers from any and all liability in connection with any injury I may sustain, including any injury caused by negligence, in conjunction with the volunteer activities for the City. Further, I, for myself, my personal representatives and dependents hereby release, indemnify and hold harmless the City, its elected officials, directors, employees, agents and other volunteers from all damages, judgments, expenses, including reasonable attorney fees, costs of liabilities in law or equity suffered because of damage to my personal belongings or any property that may arise out of, or as a consequence of my negligent or intentional acts while volunteering for the City.

I understand that as a volunteer, I am not an employee of the City, that my involvement will not lead to employment status, that I will not be eligible for employee benefits or worker’s compensation insurance coverage and that I will receive no regular compensation for my services. I understand that I must operate within the scope of the duties associated with my volunteer position, a description of which will be provided to me should I be accepted and approved as a volunteer for the City.

Applicant Signature: _____ Date: _____



City of Gardner Volunteer Incentive Program Service Policy Agreement

I. Application

Volunteers must complete an application, criminal background history consent and execute indemnity agreements contained in the application form before work begins.

II. Specifications

- Volunteers must be a resident of the City of Gardner;
- At least sixty (60) years of age;
- Be a City of Gardner homeowner or the spouse of a homeowner and reside in the house for which the tax credit is going to be issued.

III. Credit for Service

There is no payment or benefits for service. This is a limited tax credit program to be applied to the volunteer's individual City of Gardner real estate tax bill.

IV. Conduct

Certain conduct will be expected of volunteers while working for the City of Gardner. Any violation of the following may cause termination.

- Arrive clean, neat and appropriately attired.
- If working outside and performing physical labor, jeans or shorts and t-shirts are acceptable. Volunteers CANNOT wear ripped or torn jeans or shorts. NO biking shorts or boxer shorts.
- Volunteers CANNOT wear halters, low-cut tops, tube tops, tops that show any part of the abdomen, or revealing clothing of any kind. T-shirts must NOT display pictures, emblems or writings that are lewd, offensive, vulgar or obscene, or advertise or depict alcoholic beverages or drugs.
- No consumption of alcohol or illegal drugs before or during volunteer work assignment.
- No distribution of literature of any type.
- Visitors are not allowed during volunteer shift.
- No inappropriate behavior with employees, patrons or other volunteers.
- Profanity will not be tolerated while on site.

V. Opportunity

Volunteer opportunities include but are not limited to the following: office duties such as filing and copying, trash pick-up, park beautification, cleaning and physical labor. The City of Gardner reserves the right to limit the number of volunteers working within various departments at any given time.

I affirm that I have read the above and understand the information presented.

Applicant Signature: _____ Date: _____



**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.

_____ 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 _____
(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 _____
(Organization)
with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, 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



**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



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