



IPSWICH
REFUGEE
PROGRAM

Volunteer Application Requirements

All new volunteers in a recurring role and over the age of 18 must sign the following forms and forward to Joan Best (joanbest@gmail.com) except for the CORI Acknowledgement form which goes to Dan Boone.

- Responsibility and Confidentiality Agreements
- Volunteer Application Form
- A copy of your driver's license and insurance verification in case you might need to transport clients in your personal vehicle

In addition, please complete the attached Criminal Offender Record Information (CORI) Acknowledgment Form and email to Dan Boone (dan.allan.boone@gmail.com). Please pay the \$25 CORI processing fee via check or PayPal here:

<https://www.ipswichrefugeeprogram.org/how-you-can-help>

IRP Volunteer Responsibilities

Please Read and Acknowledge

- Serve as a positive role model for all served and set a good example for their actions and behavior.
- Conduct yourself in a responsible manner at all times.
- Conduct activities in a safe and healthy environment.
- Welcome all clients of IRP , their families, and other volunteers to participate in the program regardless of age, color, disability, national origin, race, religion, gender, sexual orientation, marital status or veteran status.
- Participate in required volunteer orientation and other on-going volunteer training as appropriate.
- Automobiles used for transporting IRP clients must have adequate liability, bodily injury and property damage coverage. Any time that you drive your personal vehicle as part of your responsibilities as an IRP volunteer, you will have a valid operator's license and personal automobile liability coverage. You will comply with all State and Federal laws pertaining to use of such vehicles. Seatbelts must be worn by all passengers and car seats must be provided for children..
- Maintain up to date information. Volunteers should notify the IRP Volunteer Coordinator (Name and email) of any change in their status such as: Address or telephone number change; Renewals of driving license or notice of license suspension, Change in auto insurance status, if transporting clients in your personal vehicle: An arrest or conviction in court.
- Call for help when needed in emergency situations.

I understand and agree to the Volunteer Responsibilities as stated above and acknowledge it by signing below.

Signed _____ Date _____

Confidentiality Agreement

Please Read and Acknowledge

- Being a volunteer for the Ipswich Refugee Program, I am aware of and agree to abide by the policy regarding confidential information. I understand that many of the people IRP serves come to the US because they have a credible fear of persecution, imprisonment or execution because of their race, religion, nationality, or membership in a particular social group. In the case of Afghan people, they or a member of their family, may have worked for the US government. They may have relatives still in their home country who are under threat because of their activities.
- I could be given access to confidential information that belongs to another person or organization. I understand that it is my responsibility to hold any and all personal information that I come in contact with regarding a client confidential, not sharing this information with anyone else except on a need to know basis because of the danger to family members not able to leave their country..
- I will maintain the confidentiality of our clients and private or confidential information at all times with respect to social media. I will not post any confidential, identifying information or photographs of clients on social media. I will not “friend” any clients of the Ipswich Refugee Program.
- I understand that it is my responsibility to report knowledge or suspicion of verbal or physical abuse or neglect immediately to my team leader or member of the IRP Board.
- I understand that if I am a volunteer, I will be a volunteer “at will” and may terminate my volunteer assignment at any time with or without cause or notice, and that the Ipswich Refugee Program also has that right.
- As a volunteer, I agree to abide by Ipswich Refugee Program policies, rules and procedures and any changes thereto.

I understand and agree to the Confidentiality Agreement as stated above and acknowledge it by signing below.

Signed _____ Date _____

Volunteer Application Form



Today's Date

Name

Address

Email

Date of birth

Mobile number

Areas of interest (check all that apply)

- ESL tutor
- Family liaison/ case worker
- Driver, driving practice
- Employment coordinator
- Governmental paperwork
- Social Service Agency liaison
- Health care (mental and physical)
- Other _____

Any special skills or certification that may be relevant?

Share a few words about yourself and why you would like to volunteer?

How did you hear about the Ipswich Refugee Program?

Friend School Place of worship Other _____



**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



**This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ Ipswich Refugee Program, Inc. _____ 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to
_____ Ipswich Refugee Program, Inc. _____

(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 _____ Ipswich Refugee Program, Inc. _____

(Organization)

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

I also understand, that _____ Ipswich Refugee Program, Inc. _____ may conduct
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me.

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: 617-680-4640 | 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