



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 provide the requested information to Joan Best ([joanbest@gmail.com](mailto:joanbest@gmail.com)).

- IRP Volunteer Responsibilities (page 2)
- IRP Confidentiality Agreement (page 3)
- Volunteer Application Form (page 4)
- A copy of your driver's license and insurance verification if you expect to transport clients in your personal vehicle

In addition, please complete the attached Criminal Offender Record Information (CORI) Acknowledgment Form (pages 5 and 6) and email to Dan Boone ([dan.allan.boone@gmail.com](mailto:dan.allan.boone@gmail.com)). (This CORI process is required even if you have been through a CORI check with another organization).

We request that you reimburse IRP for the \$25 State of Massachusetts CORI processing fee here, if you are able at: <https://www.ipswichrefugeeprogram.org/how-you-can-help>. IRP welcomes and encourages all Volunteers; if this fee presents a hardship for any reason, simply check here and IRP will absorb the cost:

I request a waiver of the \$25 CORI processing fee.

## IRP Volunteer Responsibilities

Please Read and Acknowledge

- Being a Volunteer for the Ipswich Refugee Program, I am aware of and agree to abide by these Volunteer Responsibilities.
- Serve as a positive role model for all served and set a good example for their actions and behavior.
- Always conduct yourself in a responsible manner.
- 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 ongoing Volunteer training as required.
- Automobiles used for transporting IRP clients must have adequate liability, bodily injury and property damage coverage as defined by Massachusetts RMV. Any time that you drive your personal vehicle as part of your responsibilities as an IRP Volunteer, you must have a valid operator's license and personal automobile liability coverage. You must 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.
- Volunteers should notify the IRP Volunteer Coordinator Meredith Joss at [m.joss@verizon.net](mailto:m.joss@verizon.net) of any change in address, phone number, driver's license renewal, driver's license suspension, change in auto insurance status or any arrests or convictions.
- 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 \_\_\_\_\_

# IRP Confidentiality Agreement

Please Read and Acknowledge

- Being a Volunteer for the Ipswich Refugee Program, I am aware of and agree to abide by this confidentiality agreement. I understand that many of IRPs clients 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 may have access to confidential information that belongs to another person or organization. I understand that it is my responsibility to maintain confidentiality of any and all personal information that I come into contact with, 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 always maintain the confidentiality of our clients and private or confidential information 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 of 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 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:



IPSWICH  
REFUGEE  
PROGRAM

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 \_\_\_\_\_

Please list or describe any special skills or certifications 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  
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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*