

MASSACHUSETTS ASSOCIATION
for the
Blind and Visually Impaired

CONFIDENT LIVING WITH VISION LOSS

VOLUNTEER CONTRACT

Responsibilities:

Community Volunteers work on a one-to-one basis with individuals who are blind or visually impaired, assisting in a variety of tasks such as reading, clerical jobs and shopping.

Qualifications:

- * Volunteers must be dependable, responsible, empathetic and flexible.
- * Volunteers must respect the confidentiality of consumers.

Supervisor: Manager of Volunteer Services

Commitment: Minimum of six months

Other Requirements:

Each volunteer must attend an orientation/training session, complete an application, provide two references and submit a CORI

If an assignment needs to be terminated, the volunteer must notify the Manager.

I understand and accept the volunteer duties and responsibilities outlined above.

Volunteer's Signature

Volunteer's Name (please print)

Date

If under 18, parent or guardian must sign below:

Adult supervisor's signature

Print name here

MASSACHUSETTS ASSOCIATION

_____ for the _____

Blind and Visually Impaired

CONFIDENT LIVING WITH VISION LOSS

CONFIDENTIALITY POLICY

As a volunteer for the Massachusetts Association for the Blind and Visually Impaired (MABVI), I will have access to confidential information regarding some of the people we serve. I understand that information regarding the people we serve, and their families, is confidential and private. I agree to perform my responsibilities and assigned tasks with proper regard for the privacy and confidentiality of the information which may be available to me in the performance of my duties.

I will refrain from any mention of the confidential information to friends, associates, colleagues or any other persons, except those persons at MAB directly involved with the consumers who have the need to know such information in order to do their jobs.

I understand that I may not identify any of the people served by MABVI in papers that I might write for school or in presentations I might make about my volunteer assignment.

Volunteer's Signature

Volunteer's Name (please print)

Date



Photography and Video Subject Consent and Release Form

Permission to use Image/Voice/Name

I hereby grant to MAB Community Services (“MAB”) / Massachusetts Association for the Blind and Visually Impaired the right to create, reproduce, display and disseminate worldwide and in perpetuity, in any traditional or electronic media format, my likeness and/or voice as shown in photographs and videos. Furthermore, I grant MAB and other organizations allowed by MAB the unconditional rights to use these images and videos, in whole or in part, in partnerships with commercial entities which may include, but are not limited to, the use of my likeness in advertisements in any media, including the MAB website (www.mabcommunity.org). I confirm that the images or videos were taken with my knowledge and consent. MAB has permission to use my name in corresponding captions or text that might appear with my image.

I have read the foregoing and fully understand the contents hereof.

Signature: _____

Date: _____

Printed name: _____

Child Under 18 (Must have Parent/Guardian signature below)

Signature of Parent/Guardian: _____

Date: _____

Printed name of Parent/Guardian: _____



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

MAB COMMUNITY SERVICES is registered under the 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 **MAB COMMUNITY SERVICES** 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 **MAB COMMUNITY SERVICES** written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

MAB COMMUNITY SERVICES may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **MAB COMMUNITY SERVICES** must first provide me with written notice of this check.

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

PRINTED NAME

SIGNATURE

DATE



SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other first or last name(s) by which you have been known)

Date of Birth (MM/DD/YYYY) Place of Birth

Last Six Digits of Your Social Security Number*: XXX - ____ - _____
**If you do not have a Social Security Number, type in 00-0000.*

Sex: __ Height: __ft. __ in. Eye Color: _____ Race: _____

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

Mother's Maiden Name (First, Last) Father's Name (First, Last)

Current: Street Number & Name City/Town State Zip

Former: Street Number & Name City/Town State Zip

Do not write below this line

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

VERIFIED BY: _____
Printed Name of Verifying Employee

Signature of Verifying Employee