



South Cove Manor at Quincy Point
Rehabilitation Center
中華頤養院康復中心

Thank you for your interest in volunteer opportunities at South Cove Manor at Quincy Point, the Commonwealth's premier nursing and rehabilitation center serving the Asian community.

Volunteers enrich the lives of residents through providing companionship and assisting with recreational activities. Volunteers give back to their community while gaining valuable experience and the satisfaction of helping others.

Become a volunteer in just 3 steps:

1. Complete the enclosed Volunteer application, Cori form, and health questionnaire. Please return them to the South Cove information desk or email Tammy. All three forms must be signed.
2. Please have the following requirements ready for Tammy.
 - Copy of License/ID or U.S Passport/Alien Card
 - Physical (within one year)
 - Record of PPD (if positive in the past, need chest x-ray)
 - Copy of Covid Vaccination Record
 - Covid Vaccine Declination Form (if no Covid vaccine within the 12 months)
 - Flu Influenza Vaccine Assessment for Consent & Declination - fill out yearly (month of October to March only – flu season months)
 - South Cove provides flu vaccine by filling out this consent form.
 - If taken at PCP, please make sure it's in your physical.
 - If refuse, please fill out this flu vaccine declination form.
3. After completing all requirements, Daisy Tseng, our HR manager, or Tammy, Activities Director, will email you the General Orientation training videos.

After completing all three steps, you are ready to get started as a volunteer! South Cove volunteers have a wonderful time-sharing fun, adventure and friendship with residents and are important members of our community.

To get started, complete the enclosed information forms and return them to our Information Desk in the lobby or email Tammy. We will contact you right away to visit us and talk about our program.

Thanks so much for your interest; please email Tammy at tammy.chen@southcovemanor.org or call her at (617) 237-3626 with any questions.

Sincerely,

Li Chen

Administrator

Tammy Chen

Activities Director



Staff Use Only:

Interviewed _____
by: _____
Date: _____
Orientation Date: _____
Start Date: _____

SOUTH COVE MANOR ADULT VOLUNTEER APPLICATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color sex, religion, national origin, disability, sexual orientation or other protected classification.

Date _____ Name: _____ Home Phone _____

Address: _____
Street City/State Zip Code

Mobile Phone: _____ Email Address: _____

In an emergency, contact:

_____	_____	_____	_____
Name	Address	Relationship	Phone

Have you ever been convicted of a crime? _____ (conviction will not necessarily disqualify applicant for volunteering)

Availability and Assignment Request

Please list times you are available to volunteer:

Mon. Tues. Wed. Thurs . Fri. Sat. Sun.
Times available: _____

Schedule Preference (Include day of week and time period):

First Choice: _____ From: _____ to _____

Second Choice: _____ From: _____ to _____

Assignment Request: _____

Why do you want to volunteer? _____

How did you learn about volunteer opportunities at South Cove Manor? _____

Are you volunteering in affiliation with an organization/church/school or special program? _____

Interests/Hobbies/Special Skills:

Interests and Hobbies: _____

Special Skills: _____

Languages: _____

Experience

Education:

Name of School

Highest Grade Completed

Diploma/Degree

Volunteer Experience:

Agency Name

City/State

Type of Service

Dates

Clubs or community groups? _____

Employment:

Employer

Position

Dates of Employment

References

Please provide two professional, academic or volunteer references who are not related to you:

Name: _____ Phone: _____

Address: _____

Email: _____ Position: _____

Name: _____ Phone: _____

Address: _____

Email: _____ Position: _____

Applicant's Statement & Authorization for Release of Information

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am accepted into the Volunteer Services program, false statements may result in my dismissal. I understand that I must meet the health standards established by this hospital as a condition of initial and continued volunteer service. I understand that volunteer service at this hospital is 'at will,' which means that either I or the hospital can terminate the volunteer service relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I understand that as a volunteer at South Cove Manor I do not receive any form of compensation for the time I spend functioning in the capacity of a volunteer.

I hereby give South Cove Manor the permission to request and obtain data pertinent to volunteering at SCM from the above individual. I release from all liability or responsibility all persons and institutions supplying information. I authorize SCM to make an investigation of any of the facts set forth in this application.

Signature

Date



CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

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

South Cove Manor Nursing and Rehabilitation Center Inc., 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 to the DCJIS. I hereby acknowledged and providing permission to South Cove Manor Nursing and Rehabilitation Center Inc., to submit a CORI check for my information to the DCJIS. This authorization is valid for one year of my signature. I am withdraw this authorization at any time by providing South Cove Manor Nursing and Rehabilitation Center Inc., written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The South Cove Manor Nursing and Rehabilitation Center Inc., may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that South Cove Manor Nursing and Rehabilitation Center Inc., 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.

SIGNATURE
(PARENT OR GUARDIAN IF VOLUNTEER
IS UNDER 18S OF AGE)

DATE

Last Name, First, Middle

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

*Date of Birth

Place of Birth

*Social Security No.

Sex

Height

Eye Color

Gender

Race: _____ (Race/Ethnic Group (please choose all of the groups that apply to you by referring to the definitions on this form.)

_____ Hispanic or Latino

_____ American Indian or Alaska Native (not Hispanic or Latino origin)

_____ Asian (not Hispanic or Latino origin)

_____ Black or African American (not Hispanic or Latino origin)

_____ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

_____ White (not Hispanic or Latino origin)

_____ Primary

_____ Primary

_____ Primary

_____ Primary

_____ Primary (origin)

_____ Primary

*Required

Driver's License or ID number _____

State of Issue _____

Mother's Full Maiden Name

Father's Full Maiden Name

Current and Former Addresses:

Street Number and Name

City/Town

State

Zip Code

Street Number and Name

City/Town

State

Zip Code

Street Number and Name

City/Town

State

Zip Code

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

Verified By: _____

Name of Verifying Employee (Please print)

Witnessed By: _____

Signature of Verifying Employee



SOUTH COVE MANOR AT QUINCY POINT VOLUNTEER HEALTH QUESTIONNAIRE

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, disability, sexual orientation or other protected classification. Information will be kept confidential.

Name: _____ Date of Birth: _____

Email: _____ Preferred Phone: _____

Address: _____

Personal Physician: _____ Phone: _____

In an emergency, please contact: Name/Relationship: _____

Address: _____ Phone: _____

HAVE YOU EVER:

Had these childhood diseases?	Yes	No	?	Had these immunizations?	Yes	No	?
Measles				Small Pox			
Mumps				Measles			
Chicken Pox				German Measles			
German Measles				DPT			
Polio				Polio (Oral or injection?)			
Meningitis				Tetanus Toxoid Booster			
Have you ever had a skin test for Tuberculosis?				Hepatitis B			
				Typhoid			

Have you ever been exposed to TB? Yes _____ No _____

Have you ever received BCG? (vaccine for tuberculosis given outside of USA) Yes _____ No _____

Have you ever had a positive PPD? (red raised area) Yes _____ No _____ If yes, provide date _____

Have you ever been treated with an anti-tuberculosis medication? Yes _____ No _____

If yes, provide date and location: _____

Date and result of last PPD: Date _____ Result (check one) Positive _____ Negative _____

Are you currently being treated for a condition, or injury that would impact your volunteer service? If so, how?

What medications do you take regularly that are essential to your wellbeing?

PLEASE CONTINUE ON THE OTHER SIDE



Are you aware of any allergic reactions you may have had to food, medication, or the environment? (Please specify)

Has your physician imposed any restrictions or limitations on your activities? (Please specify)

Is there any other information about your health or physical status that South Cove Manor should be aware of to ensure your safety and well being, and that of the residents/patients, during your volunteer service?

“I state that the information I have provided is true to the best of my understanding and recollection.”

Signature of volunteer

Date

For staff use only:

Reviewed by:

staff signature

date

Restrictions on duties:

Volunteer Health Questionnaire. Adult.12.2.13.LK. Revised 7.7.14

Reviewed/Approved by: _____ Date: _____
Medical Director