



BOYS & GIRLS CLUB
OF LAWRENCE
136 WATER STREET
LAWRENCE, MA 01841
978.683.2747

Please submit this application to:

Stephanie Bryant

Volunteer Coordinator

Stephanie.bryant@lawrencebgc.com

978.683.2747 ext. 117

Application for Volunteering

All applicants must provide a copy of license or student ID

Do you have a valid drivers license? YES___ NO___

Name: _____ Date: _____

Prefix:(Mr., Mrs., Ms.) First Middle Initial Last

Date of Birth: _____ Gender: Male___ Female___ Other___

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone:

Home: _____ Mobile: _____ Work: _____

E-mail: _____

Personal Reference: (Please submit the name of one person , not related to you , who can give a personal reference.)

Name: _____ Phone: _____

Relationship: _____ Years Known: _____

Emergency Contact:

Name: _____ Phone: _____

Are you a student? ___NO ___YES (if yes, please fill out below)

Current School Name: _____ Year of Graduation: _____

Skills & Interest: (Check all that apply)

Arts & Crafts Math Science Dance History English
 Digital Arts Fitness Aquatics Reading Music Computers
 Sports _____ Other _____

Club Alumni/Member: YES NO **Year of Graduation:** _____

Highest level of education completed:

Associates—2yr. Degree Bachelor’s Degree GED Master’s
 High School Doctorate Other _____

How did you hear about the Boys & Girls Club of Lawrence?

BGCL Staff Club Alumni Child/Relative is Club Member
 Website Company/Employer Other BGCL Volunteer
 Religious Institution School/University Other _____

Volunteer Type:

High School College Mentor Individual

Availability? _____

What do you expect out of this experience? _____

What other activities are you involved in throughout the Year? _____

Have you ever been convicted of a crime? NO YES (if yes, please explain) _____

I hereby agree in the course of considering my application, the Boys & Girls Club of Lawrence may make inquiry to ascertain information concerning my background and I understand that, upon request, information as to the nature and scope of the inquiry, if one is made, will be provided to me. I understand that my name will be added to the database so that I may receive information on the Boys & Girls Club of Lawrence. A signed CORI and SORI permission forms must be attached to the application.

Name (Please Print)

Date

Signature

Date

The miracle is this—The more we share, the more we have.



BOYS & GIRLS CLUB

OF LAWRENCE

136 Water Street * Lawrence MA 01841

Tel: 978.683.2747 * Fax 978.725.5989

www.lawrencebgc.com

CORI REQUEST FORM

Lawrence Boys & Girls Club, Inc. has been certified by the Criminal History Systems Board for access of conviction and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct and to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER

*ID THEFT INDEX PIN (IF APPLICABLE)

MOTHER'S MAIDEN NAME

CURRENT ADDRESS

FORMER ADDRESS

FORMER ADDRESS

SEX _____ HEIGHT _____ FEET _____ INCHES WEIGHT _____ EYE COLOR _____

STATE DRIVERS LICENSE NUMBER _____ STATE _____

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

Requested by: _____

Signature of CORI Authorized Employee

- The CHSB identity Thief PIN Number is to be completed by those applicants that have been issued an Identity Thief Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI Process.
- All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614

Commonwealth of Massachusetts

Sex Offender Registry Board

M.G.L.c. 6,8, 1781 REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All request for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547 Salem, MA 01970, along with a self-addressed stamped envelope.

The board will provide a report that includes the following information; whether the person identified is a sex offender with an obligation to register, offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.

All request shall be recorded and kept confidential, except to assist or defend in a

SORB USE ONLY

Requestor's name: Markus Fischer Date of birth: 05/02/1960

Organization name: Boys & Girls Club of Lawrence

Address: 136 Water Street Telephone number: 978.683.2747
Lawrence, MA 01841

I swear under the pains and penalties of perjury that I am the above named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Handwritten signature of Markus Fischer

Requestor's signature: Date:

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's LAST NAME: [Grid of 20 boxes]

Subject's FIRST NAME: [Grid of 20 boxes]

Subject's MIDDLE INITIAL: [1 box]

Date of birth or approximate age: [Grid for MM/DD/YYYY] [Grid for AGE]

Address (PRINT):

Personal identifying characteristics:

Sex: Race: Height: Weight: Eye Color: Hair Color:

Other information (e.g. license plate number, parents' names, ect.):

If additional information is needed, please contact the Requestor at the telephone number above.

***** WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C-178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1,000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275,§4).