BOYS & GIRLS CLUB OF LAWRENCE 136 Water Street, Lawrence, MA 01841 Tel: 978.683.2747 Fax: 978.725.5989



Please submit application to: Suzanne Fischer Volunteer Coordinator <u>suzanne.fischer@lawrencebgc.com</u> Tel: 978.683.2747 ext 117

Volunteer Application

Name:		Date:			
Prefix:(Mr., Mrs., Ms.) First Middle Init	ial Last				
Do you have a valid driver's license? YES No	0				
Date of Birth:		_Gender:	Male	_ Female	Other
Mailing Address:					
City:	State:		_ Zip Code	:	
Phone: Home:Mobile:_	***************************************		Work	:	
School/work email:	ool/work email: Personal email:				
Personal Reference: Please submit the name of one	e person, not relate	ed to you,	who can gi	ve a persona	l reference.
Name:		Phone:			ace10064
Relationship:		Years K	nown:		
Emergency Contact					
Name:	Phone:				
Are you a student? YES NO (if yes, please	e fill out below)				
Current School Name:			_ Year of 0	Graduation:	
Have you received the Covid Vaccination? Firs	t Dose	Fu	lly Vaccina	ated	
Have you previously volunteered and or been empl	oyed at a Boys & C	Firls Club?	YES	_NO	
If so, please provide location:					
Club Alumni/Member: YES NO Year	r of Graduation:				

BOYS & GIRLS CLUB OF LAWRENCE 136 Water Street, Lawrence, MA 01841 Tel: 978.683.2747 Fax: 978.725.5989



Please submit application to: Suzanne Fischer Volunteer Coordinator <u>suzanne.fischer@lawrencebgc.com</u> Tel: 978.683.2747 ext 117

Volunteer Application

page 2

Highest level of education completed:		
Associates—2yr. Degree	Bachelor's Degree	GEDMaster'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 Men	tor Individual
Availability? Days and Times:		
Have you ever been convicted of a crime?	YES NO (if yes, please	e explain):
	packground and I understand that, use, will be provided to me. I understa tion on the Boys & Girls Club of Lav	
Name (Please Print)		Date
Signature		Date

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

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	SORB USE ONLY			
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				
Requestor's name: Markus Fischer	Date of Birth: 05/02/1960			
Organization name: Boys & Girls Club of Lawrence				
Address: 136 Water Street Tele	ephone Number: <u>978.683.2747</u>			
Lawrence, MA 01841				
I swear under the pains and penalties of perjury that I am the above named persinformation for my own protection, the protection of a child under 18 years of a whom I have responsibility, care or custody. **Results to responsibility of the protection of a child under 18 years of a whom I have responsibility, care or custody. **Results to responsibility of the protection of a child under 18 years of a whom I have responsibility, care or custody.	son, at least 18 years of age, and I am requesting ge, or for the protection of another person for			
Requestor's signature:	Date:			
I hereby request that the following information be used to determine whether the required to register in Massachusetts.	ne identified individual is a sex offender			
Subject's LAST NAME:				
Subject's FIRST NAME:				
Subject's MIDDLE INITIAL:				
Date of birth or approximate age: M M D D Y Y Y Y	AGE			
Address (PRINT):				
Personal identifying characteristics:	Polom Hain Colom			
Sex: Race: Height: Weight: Eye C If additional information is needed, please contact the Requestor at the telephone				

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASS-MENT 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).

****** WARNING*****



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 Cl	ub, Inc. has been	certified by the	Criminal History	Systems Board	for access of conviction	
and pending criminal case dat	a. As an applican	t/employee for	the position of			
I understand that a state and le criminal case information only best of my knowledge.	Vational Advanta	ge criminal reco	ord check will be o	conducted for c	onviction and pending	
			Date:			
Applicant/Empl	oyee Signatuı	°e				
APPL	ICANT/EMPI	OYEE INFO	rmation (P)	LEASE PRII	NT)	
LAST NAME		FIRST NAME			MIDDLE NAME	
MAIDEN NAME OR ALIA	S (IF APPLICAB)	LE)		PLACE OF	BIRTH	
DATE OF BIRTH	S	SOCIAL SECURITY NUMBER			*ID THEFT INDEX PIN (IF APPLICABLE)	
CURRENT ADDRESS						
FORMER ADDRESS						
SEXHEIG					COLOR	
STATE DRIVERS LICENSE N	UMBER			_ STATE		
***THE ABOVE INFORMATION PHOTOGRAPHIC IDENTIFICAT		Y REVIEWING T	HE FOLLOWING F	FORM OF GOVE	RNMENT ISSUED	
Requested by:			Date	s	_	
Signature of COI	RI Authorized Employ	/ee				
Juan Yepez	Natasha Campbell	William Shaheen	Larry Yameen	Mark Torrisi	Markus Fischer	

Assistant Treasurer

Treasurer

Vice President

President

Executive Director

Secretary