

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
suzanne.fischer@lawrencebgc.com
Tel: 978.683.2747 ext 117

Volunteer Application

Name: _____ Date: _____

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

Do you have a valid driver's license? YES _____ NO _____

Date of Birth: _____ Gender: Male _____ Female _____ Other _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Mobile: _____ Work: _____

School/work email: _____ Personal email: _____

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? YES _____ NO _____ (if yes, please fill out below)

Current School Name: _____ Year of Graduation: _____

Have you received the Covid Vaccination? First Dose _____ Fully Vaccinated _____

Have you previously volunteered and or been employed at a Boys & Girls Club? YES _____ NO _____

If so, please provide location: _____

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

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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? Days and Times: _____

Have you ever been convicted of a crime? YES ☐ NO ☐ (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.

Sex Offender Registry Board

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.

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

Lawrence, MA 01841

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).



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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 state and National Advantage 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.

Date: _____

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)

CURRENT 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: _____

Date: _____

Signature of CORI Authorized Employee

Juan Yopez
President

Natasha Campbell
Vice President

William Shaheen
Treasurer

Larry Yameen
Assistant Treasurer

Mark Torrisi
Secretary

Markus Fischer
Executive Director