

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

Please provide a copy of your driver's license or school ID

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 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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Volunteer Application

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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: _____

Bilingual: YES NO

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 form must be attached to the application.

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 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.*

SORB USE ONLY

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

Requestor's name: Markus Fischer

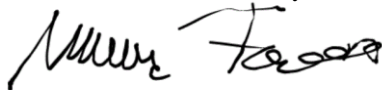
Date of birth: 05/02/1960

Organization name: Boys & Girls Club of Lawrence

Address: 136 Water Street Lawrence, MA 01841

Telephone number: 978.683.2747 Email: Markus.Fischer@lawrencebgc.com

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.



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:

Subject's FIRST NAME:

Subject's MIDDLE INITIAL:

Date of birth or approximate age: / /
M M D D Y Y Y Y AGE

Full Address: _____

Personal identifying characteristics:

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

Other information (e.g., license plate number, parents' names, etc.) _____

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).



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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 Volunteer. 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.

Applicant Signature Date: _____

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH (town and state)

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 | Natasha Campbell | William Shaheen | Larry Yameen | Mark Torrisi | Markus Fischer |
| <i>President</i> | <i>Vice President</i> | <i>Treasurer</i> | <i>Assistant Treasurer</i> | <i>Secretary</i> | <i>Executive Director</i> |