## **GREAT FUTURES START HERE.**



### **VOLUNTEER APPLICATION**

NAME	Date	9
Address		
Home #	Work or Cell #	
Email		
Company	Profession	32,0
Are you 18 years of age or older? Yes NO Education/ Special Training		
Fluent in following languages		
Are you applying for the volunteer position becaulf yes: by what organization are you required to prequirements.  How did you hear about WBGC's need for volunteer position becaute and the properties of the prop	erform community se	rvice and what are the
Relationship, if any, to WBGC (parent, neighbor,		
Previous volunteer experience:		ν =
Have you worked with youth before? If yes pleas	e specify	8-77 — 3
Other relevant skills/hobbies/interests:		
If you are volunteering with WBGC through an ou specify:	tside or partnership o	organization, please

#### **WBGC Program Areas:**

Arts: Assist with arts and crafts projects: Serve as visiting, Performing Arts

Sports, Fitness & Recreation: Assist with daily program, tournaments and events. Serve as a referee or coach

Aquatics: Serve as a lifeguard (Certification required), aid with swim lessons and swim team Education: Serve as a tutor, assist with homework/ study group

Special Events: Assist with setup and help out with special event

**Technology:** Assist members with computer projects, teach members how to use a variety of computer program, assist with computer maintenance.

Program areas - check areas of interest

	ARTS	SF	ORTS,F	TITNESS	& 1	RECREATION				EDUCATION & CAREER
0	Fine arts Exhibit Image Makers (	_ _	Coache	es		Lifeguards (ne WSI)	ed			Power Hour (homework help)
	photography)		Refere	es		Lessons (need	١W	SI)		Prevention
	Music makers					Games room				Programs
	Arts & Crafts					Leagues				
	SPECIAL EVENTS	TECHNOLO		GY			CHA	RACTER & LEADERSHIP DEVELOPMENT		
	□ Halloween Carnival			Skill Tecl	h		0	Ke	ysto	ne Club
	□ Dinner Of Thanks			Tech sup	por	t		To	rch (	Club
	□ Dinner of Champions			Digital A	ts			Yo	uth (	of the Year
	□ Day for Kids									
	ease specify your preference					0,				
Av	ailability – Days & Times:									
Na	ferences: me:									
۲n	one #									
Ag	lationship ency/School/ Business			Leng	ith c	of time person h	as —	knov	vn y	UO
Na	me:						<del></del> .			
	one #lationship		<del></del>	Lene	ıth o	f time person b	20	know		
Ag	ency/School/ Business				ju i C	n mue berson n	dS	אטווא	vii y	OU

Please mail this completed for to:

Program Director
Waltham Boys & Girls club
20 Exchange Street
Waltham, MA 02451

# CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

WALTHAM BOYS & GIRLS CLUB, INC 6, § 172 to receive CORI for the purpose of scre prospective employees, subcontractors, volunt applicants for the rental or lease of housing. W has authorized ERICA YOUNG & LISA LIMONCIE Massachusetts Department of Criminal Justice	teers, license applicants, current licensees, and ALTHAM BOYS & GIRLS CLUB LLO to submit CORI checks to the
CORI check. I also understand that this form is a	nousing, I understand that a CORI check will be OCJIS. I hereby acknowledge and provide to submit a nis authorization is valid for one year from the prization at any time by providing on notice of my intent to withdraw consent to a CORI acknowledgement form and I am osure forms under the Fair Credit Reporting Act
	of WALTHAM BOYS & GIRLS CLUB ne year of the date this Form was signed by me LS CLUB must
By signing below, I provide my consent to a CO provided on Page 2 of this Acknowledgement Faccurate.	RI check and acknowledge that the information form is true and
SIGNATURE	DATE

## SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

*Last Name	*First Name	ſ	Middle Name	Suffix
Maiden Name (or other r	name(s) by which yo	ou have been k	nown)	
*Date of Birth	Place of	Birth		
*Last Six Digits of Your	Social Security Nun	nber:		
Sex: Height:	_ft in. Eye Co	olor:	Race:	
Driver's License or ID No	umber:	S	itate of Issue:	-
Mother's Full Maiden Na	me	Father's	Full Name	<u> </u>
Current and Former Add	resses:			
Street Number & Name	(	City/Town	State	Zip
Street Number & Name	(	City/Town	State	Zip
The above information wildentification:	as verified by reviev			nent-issued
VERIFIED BY:N	lame of Verifying Er	nployee (Please	e Print)	-
-	Signatu	re of Verifying l	Employee	

### Commonwealth of Massachusetts Sex Offender Registry Board

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

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Atta: 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, the 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 flow risk) offender or if he/she has not yet been finally classified by the Board.  All requests shall be recorded and kept confidential, except to	SORBISEONLY
assist or defend in a criminal prosecution.  Requestor's name: Lisa Limoncle	10 Patriothical
Organization name: (if any) WAHOM Bot Co	Date of birth:
Address: 20 exchange St. Waltham, MA 0	Telephone number: (
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 e, or for the protection of another person for whom I have responsibility,
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 INITLAL:	
Date of birth or approximate age:	
M M D D Y	Y Y Y AGE
Address (PR(NT):	
Personal identifying characteristics:	The second section is a second section of the section of the second section of the section of the second section of the second section of the section of
Sex: Race: Height: Weight: E	ye Color: Hair Color:
Other information (e.g. license plate number, parents' names, etc.):	

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 %) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE TILAN ONE THOUSAND DOLLARS (\$1000.00) 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).