

Scituate Recreation Department
Volunteer Application
Summer 2010

Today's Date: _____

Name: _____

Position of Employment: _____

Social Security Number: _____

Permanent Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Birth: _____ / _____ / _____ Age as of June 1, 2010: _____

T-Shirt Size (please circle): Small Medium Large X-large

Education Qualifications:

School: _____

Grade (2009-2010): _____

Recreation/ Supervisor Experience (please be specific):

Certifications/Awards/Hobbies (Interests):

References, please include name, phone number and your relationship. Please list three. (NO FAMILY REFERENCES)

Date available to start: _____

*If you are volunteering for **Community Service Hours**: IT IS YOUR RESPONSIBILITY TO GET THE APPROPRIATE PAPER WORK FROM GUIDANCE AND HAVE YOUR PROGRAM DIRECTOR & RECREATION DEPARTMENT SIGN OFF ON IT.*

Please take a moment to share with the Recreation the following:

Why you want to volunteer with us this summer?

Which programs are you interested in volunteering for and why?

What qualities do you have that you feel will be an asset to the Recreation Department?

Any additional comments:

Please return by April 19, 2010.

*****To volunteer for Scituate Recreation, you must be entering your freshman year of High School*****

Don't forget Volunteer / CIT meeting... Monday, May 3rd in the Scituate High School Library at 5:30 p.m.



CHAPTER 6 §172H CORI REQUEST FORM- VOLUNTEERS

SCIRD
172HG

PLEASE ATTACH A PHOTO I.D.

Town of Scituate Recreation Department is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H which mandates organizations primarily engaged in providing activities or programs to children 19 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

APPLICANT/VOLUNTEER INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER Identity Theft Index PIN *
(Requested but not required) (if applicable)

CURRENT ADDRESS:

FORMER ADDRESS:

SEX: HEIGHT: ft. in. WEIGHT: EYE COLOR:

STATE DRIVER'S LICENSE NUMBER:

*** 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 Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft 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 request 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.