

Application for Volunteering

All applicants must provide a copy of license
or student ID and **social security card**.

All applicants must complete safety training videos and
submit completed application prior to volunteering.

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: _____

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.

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200

Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



- This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

The Boys & Girls Club of Lawrence is registered under the provisions of M.G.L.c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Boys & Girls Club of Lawrence to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Boys & Girls Club of Lawrence with written notice of my intent to withdraw consent to a CORI check.

I also understand, that The Boys & Girls Club of Lawrence may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Name of Cori Subject, please print

Date

Signature of Cori Subject



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200**
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TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



Subject Information

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix: _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____
City State

* Social Security Number: _____ - _____ - _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye color: _____ Race: _____

Driver's License or ID Number: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____ Apt. # or Suite: _____

* City: _____ * State: _____ * Zip: _____

Subject Verification

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Date

Signature of Verifying Employee

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

Requestor's name: Markus Fischer

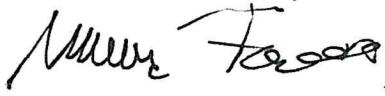
Date of birth: 05/02/1960

Organization name: Boys & Girls Club of Lawrence

Address: 136 Water Street Lawrence, MA 01841

Telephone number: 978.683.2747

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).

