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

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	
Do you have a valid driver's license? YES NO	Y
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 Name:	-
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:	

lub Alumni/Member: YES NO	Year of Graduation:		
Highest level of education complet	ed:		
Associates-2yr. Degree	Bachelor's Degree	GEDMaster's	
High School	Doctorate	Other	
How did you hear about the Boys &	k 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 Men	tor <u>i</u> Individual	
Have you ever been convicted of a crime? YESNO (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 a Name (Please Print)		Date	
Signature	37000 V V V V V V V V V V V V V V V V V V	Date	

The miracle is this—The more we share, the more we have.

THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECUR ITY

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 C	CORI checks for employment or licensing purposes.
The Boys & Girls Club of Lawrence is registered und	er the provisions of M.G.L.c.6, § 172 to receive CORI for the
purpose of screening current and otherwise qualifie	ed prospective employees, subcontractors, volunteers,
license applicants, or current licensees.	
As a prospective or current employee, subcontracto	or, 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	g 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 Law	rence 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 ch	eck 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	Fig. 126 green in Time British



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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 4:	
* Date of Birth (MM/DD/YYYY):	Place of Birth:
	City State
* Social Security Number:	•
Sex: Height: ft	_in. Eye color: Race:
Driver's License or ID Number:	
Father's Full Name:	Talaj — Erich Letterandation
Mother's Full Name:	po ^{rg} antorno que no la composició de la
Cur	rent Address
* Street Address:	Apt. # or Suite:
*City:	* State: * Zip:
Subje	ect Verification .
The above information was verified by reviewing the fol	llowing form(s) of government-issued identification:
	. i se ditu sebua sejia ranga siyada
V	rerified by:
3	-
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	SORB USE ONLY			
the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547 Salem, MA				
<u>01970, along with a self-addressed stamped envelope.</u> 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.				
All request shall be recorded and kept confidential, except to assist or defend in a				
,				
Requestor's name: Markus Fischer				
requestor s name. Markus rischer				
Date of birth: 05/02/1960				
Organization name: Boys & Girls Club of Lawrence				
A J J				
Address: 136 Water Street Lawrence, MA	01841			
Telephone number: <u>978.683.2747</u>				
I swear under the pains and penalties of perjury that I am the above named person, at lea	st 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.				
/ Vally Torson				
Requestor's signature: Date:				
I hereby request that the following information be used to determine whether the identified individu Massachusetts.	al is a sex offender required to register in			
Subject's LAST NAME:				
Subject's FIRST NAME:				
Subject s FIRST NAME:				
Subject's MIDDLE INITIAL:				
Date of birth or approximate age:				
M M D D Y Y Y Y Full Address:	AGE			
Tun Audi ess.				
Personal identifying characteristics:				
Sex: Race: Height: Weight: Eye Cole	or: 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.				
in additional information is neceed, please contact the requestor at the telephon	ie number above.			

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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