

# VOLUNTEER FORM

## VOLUNTEER REGISTRATION FORM: REQUIRED OF ALL RECREATION VOLUNTEERS

If you are interested, please complete the form below and return to the Recreation Office. Remember, you do not need to be a PRO to coach! A Coach Clinic will be announced at a later date.

PRINT AND FILL IN ALL INFORMATION REQUESTED.

NAME(s): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STREET: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. Volunteer Position(s) Applying For:

\_\_\_\_ Coach-Which SPORTS? \_\_\_\_\_ Grades? \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

2. Briefly describe other volunteer experience and/or work experience \_\_\_\_\_

3. Please List/Describe any special SKILLS, Hobbies, Experiences: \_\_\_\_\_

4. Present Employer: \_\_\_\_\_

Company Name

Complete Address

Phone(\_\_\_\_)

Supervisor's Name

5. Have you ever been convicted of a felony? \_\_\_\_\_

6. Do you feel you are a patient person who uses common sense and who can be a good role model for children \_\_\_\_\_

7. List the NAMES, POSITIONS, COMPLETE MAILING ADDRESSES of 3 persons NOT related to you whom we can contact for a reference (or 2 if you want to include your present employer):

A) \_\_\_\_\_

Full Name

Position

(\_\_\_\_)

No. Street

Town

Zip

Phone

B) \_\_\_\_\_

Full Name

Position

(\_\_\_\_)

No. Street

Town

Zip

Phone

C) \_\_\_\_\_

Full Name

Position

(\_\_\_\_)

No. Street

Town

Zip

Phone

8. Is there any other information you would like us to know? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Greenfield Recreation, 20 Sanderson Street, Greenfield, MA 01301



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



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

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

\_\_\_\_\_ Town of Greenfield \_\_\_\_\_ is registered under the  
 (Organization)  
 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, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to \_\_\_\_\_ Town of Greenfield \_\_\_\_\_  
 (Organization)  
 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 \_\_\_\_\_ Town of Greenfield \_\_\_\_\_  
 (Organization)  
 with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The \_\_\_\_\_ Town of Greenfield \_\_\_\_\_ may conduct  
 (Organization)  
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that \_\_\_\_\_ Town of Greenfield \_\_\_\_\_, must first provide me  
 (Organization)  
 with written notice of this check.

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.

\_\_\_\_\_  
*Signature of CORI Subject* \_\_\_\_\_  
*Date*



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**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 (Jr., Sr., etc.): \_\_\_\_\_

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: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*



