



Date: \_\_\_\_\_

# Volunteer Application

<b>P E R S O N A L</b>	Last Name: _____	First: _____	M.I. _____
	Address: _____		
	City: _____	State: _____	Zip: _____
	Home Phone: (     ) _____	Work Phone: (     ) _____	e-mail address: _____
	Are you a member of the South Shore YMCA? Yes _____ No _____		

Available Start Date: \_\_\_\_\_

Please indicate the days and times you are available to volunteer below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How did you learn about the volunteer opportunities at the Y? \_\_\_\_\_

Are you required to complete volunteer hours by your school/organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", Name of School/Organization: \_\_\_\_\_ Total Hours Required: \_\_\_\_\_ Complete By: \_\_\_\_\_

Why do you want to volunteer at the South Shore YMCA and what are your specific areas of interest?  
\_\_\_\_\_

Please also check all that apply:

\_\_\_ **PROGRAM:** This would be in support of any of the many programs that the Y provides. Examples: Reading to children in the playroom, helping to "spot" kids in gymnastics, coaching a team, program support other than administrative.

\_\_\_ **ADMINISTRATIVE:** Clerical support including phone work, data entry, filing, copying etc.

\_\_\_ **TRAINING:** Training (including orientation) of staff or members. This could include special presentations or topic-specific seminars, new staff and member orientation, CPR, First Aid, etc.

\_\_\_ **EVENT:** Support of any special events including fund-raisers, campaigns, family days, special groups, projects, facility and grounds improvements.

\_\_\_ **AMBASSADOR:** Give tours, phone new members, introduce new members to existing members, workout with new members, arrange orientations, provide orientations, and assist with programs.

\_\_\_ **MENTOR:** Mentoring a child in a leadership development program.

\_\_\_ **PARTNERSHIPS:** Corporations, Schools, Community Groups, Vendors, etc.

Are there any medical restrictions or other limitations to the type of volunteer work you could perform? Please explain _____		
Do you have your own transportation?	Yes _____	No _____
Have you ever been convicted of a felony?	Yes _____	No _____

*The safety of our children is our highest priority; therefore, it is YMCA policy that all staff and volunteers participate in our CORI/SORI screening process. All information received is kept in the strictest confidence. We thank you for support of building strong kids, strong families and strong communities.*

## Employment/Volunteer History

Please list your last five years of employment/volunteer history, starting with the most recent.

<b>1</b>	Name of Organization:	Employment Dates: From:      To:
	Address:	Telephone: (      )
	Supervisor:	Job Title:
	Description of position:	
<b>2</b>	Name of Organization:	Employment Dates: From:      To:
	Address:	Telephone: (      )
	Supervisor:	Job Title:
	Description of position:	

Please list any educational activities, group affiliations, or prior experiences that will contribute to your volunteer experience:

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Are there any particular skills, talents or interests you'd like to share as a volunteer?

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Please list two adult references other than relatives and employers that have known you for at least two years:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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The South Shore YMCA has been certified by the Criminal History Systems Board for access Criminal Offender Record Information and juvenile data through the CHSB. As an applicant for a volunteer position, I understand that a criminal record check will be conducted and that it will not necessarily disqualify me. The information in this application is correct to the best of my knowledge. I understand that any misstatement or omission of fact on this application may result in my dismissal. I give the South Shore YMCA permission to investigate all information concerning my application in order to determine my qualifications. I understand that any offer of volunteer work may be rescinded if the results of the investigation are unacceptable to the South Shore YMCA and its sole discretion.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>VOLUNTEER CORI</b>	
DEPT _____	BRANCH _____
SUPERVISOR REQUESTING _____	

The South Shore YMCA area has been certified by the Criminal History Systems Board (CHSB) for access to **CRIMINAL OFFENDER RECORD INFORMATION (CORI) AND JUVENILE DATA THROUGH THE CHSN**. As a volunteer applicant, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
 LAST NAME (please print)                      FIRST NAME                      MIDDLE NAME

\_\_\_\_\_  
 MAIDEN NAME OR ALIAS (if applicable)                      Place of Birth

\_\_\_\_\_  
 Date of Birth                      Social Security Number

\_\_\_\_\_  
 Mother's Maiden Name

Current and Former Addresses:  
 \_\_\_\_\_  
 \_\_\_\_\_

Sex \_\_\_\_\_      Height \_\_\_ ft. \_\_\_ in.      Weight \_\_\_\_\_      Eye Color \_\_\_\_\_

State Driver's License Number: \_\_\_\_\_  
 (Include State of issue)

\*The above information was verified by reviewing the attached picture ID of the above named individual:

Driver's License \_\_\_\_\_      Passport \_\_\_\_\_      Other ID \_\_\_\_\_

\_\_\_\_\_  
**Volunteer's Signature**

Requested by: \_\_\_\_\_  
 Signature of CORI authorized employee



# South Shore YMCA SORI Request Form

## SORI REQUEST FORM

The Commonwealth of Massachusetts Sex Offender Registry 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 (low 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 assist or defend in a criminal prosecution.

The information below is correct to the best of my knowledge.

### APPLICANT/EMPLOYEE INFORMATION (Please Print CLEARLY)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (if applicable)

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Applicant/Employee Signature**

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF SORI AUTHORIZED EMPLOYEE