Boys & Girls Clubs of Middlesex County
GREAT FUTURES START HERE.

VOLUNTEER/WORK STUDY APPLICATION

(Volunteers must be at least 18 years of age)

Name_____Date_____

Address _____

Home Phone # _____Work Phone # _____

E-Mail _____

Company_____ Profession _____

Are you 18 years of age or older? Yes No (BGCMC requires that volunteers be 18 years of age or older)

Date of Birth_____

Education/Special Training_____

Other Languages_____

****

How did you hear about BGCMC's need for volunteers?

_____

_____

_____

Relationship, if any, to BGCMC *(parent, neighbor, alumni, etc.)*:

_____

_____

_____

Previous volunteer experience: _____

_____

_____

Have you worked with youth before? (If so, please describe in what capacity.)_____

_____

_____

Other relevant skills/hobbies/interests: _____

_____

_____

If you are volunteering with BGCMC through an outside or partnership organization, please specify:

_____

_____

_____

****Please fax a signed and fully completed application to (617) 623-1002****

In order to facilitate placement, please specify which club you are interested in volunteering for:

Windsor St. Club ☐
119 Windsor St.
Cambridge, MA 02139

Mystic-Healey Club ☐
5 Meacham St.
Somerville, MA 02145

Gene Mack Club ☐
30 Forest St.
Medford, MA 02155

Everett Teen Club ☐
Teens 13-19 Only
548 Broadway St.
Everett, MA 02149

Administrative Offices ☐
No youth
181 Washington Street
Somerville, MA 02145

PROGRAMS/DEPARTMENTS

- Education – Serve as a tutor; Assist with Homework Power Hour, College Club or Career Prep
- Technology **–** Assist members with computer projects; Teach members how to use a variety of computer programs; Assist with computer maintenance
- Arts **–** Assist with arts and crafts projects; Serve as a visiting artist; Performing Arts
- Athletics – Serve as a referee or coach; Assist with sports tournaments
- Social Recreation **–** Assist with daily programs, tournaments, and events
- Administration/Fundraising – Assist in areas of marketing, PR, database management, research, special events coordination, daily office management

INTEREST INVENTORY

This section will help us determine which types of volunteer activities you might like to participate in. Please mark the locations and activities that interest you. Mark as many or as few as you like!

I would enjoy participating as a:

___ Tutor: Which subject(s)? _____
___ Sports Coach/Assistant/Referee: Which sports? _____
___ Music Leader/Assistant: Which instrument(s)/technologies? _____
___ Art Leader/Assistant: Which medium(s)? _____
___ Technology Leader/Assistant: Which technologies? _____
___ Mentor
___ Font Desk Attendant
___ Fundraiser
___ Administrative Support
___ Event Organizer
___ Other: _____

The Boys & Girls Clubs of Middlesex County serve youth ages 6 to 18. I would enjoy working with the following age group(s):

6-12 year olds ☐ 13-18 year olds ☐

AVAILABILITY

The Boys & Girls Clubs are open Monday through Friday from 2 – 6 PM. Please indicate days and times you would be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time Available					

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VOLUNTARY SELF-IDENTIFICATION

(CONFIDENTIAL – FOR STATISTICAL USE ONLY)

Boys & Girls Clubs of Middlesex County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL: ___Applicant ___Volunteer

Date: _____ **Position Applied For**: _____

Location: ☐ Washington St. ☐ Mystic-Healey ☐ Cambridge ☐ Medford

☐ Administrative Office ☐Other (Please describe)

_____

Name: _____ **Social Security#**_____

Sex: ☐ Male ☐ Female **Date of Birth**: _____ **Zip Code:** _____

VETERAN STATUS:

(Please check one if it describes your veteran status.)

☐ SPECIAL DISABLED VETERAN

☐ VIETNAM ERA VETERAN

ETHNIC GROUP:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

☐ **American Indian or Alaskan Native**

☐ **Asian**

☐ **African American**

☐ **Caucasian**

☐ **Hispanic or Latino**

☐ **Native Hawaiian or Other Pacific Islander**

☐ **Other:** _____

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Boys & Girls Clubs of Middlesex County

PERSONAL REFERENCE LETTER

Date _____

Name of Volunteer _____ Name of Reference _____

Phone # _____ E-Mail _____

How long have you known the applicant?_____

In what capacity do you know the applicant? _____

_____

_____

_____

Why do you feel this applicant is a strong candidate for a volunteer position with the Boys & Girls Clubs of Middlesex County?

_____

_____

_____

_____

Please speak to the reliability and dependability of the applicant as it relates to this volunteer position.

_____

_____

_____

Please add any other relevant comments regarding the applicant. _____

_____

_____

_____

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Boys & Girls Clubs of Middlesex County

BGCMC
172H
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CHAPTER 6,172H CORI REQUEST FORM

Boys & Girls Clubs of Middlesex County 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 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any persons as a volunteer.

CLUB: _____

VOLUNTEER INFORMATION

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH_____ SSC #: _____
(Required)

ADDRESS:_____

_____

_____
If you have changed your address in the past seven years, please list prior address.

SIGNATURE OF APPLICANT: _____

REQUESTED BY: _____
SIGNATURE OF BOYS & GIRLS CLUB CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED:_____ NO RECORD:_____

United Way
United Way of Massachusetts Bay

****Please fax a <u>signed</u> and <u>fully completed</u> application to (617) 623-1002****

Boys & Girls Clubs of Middlesex County

Commonwealth of Massachusetts

Sex Offender Registry Board

M.G.L. c. 6, § 1781 REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests 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, 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.

FOR THE BOYS & GIRLS CLUB SORI AUTHORIZED EMPLOYEE:

Requestor's name:_____ **Date of birth:** _____
Address: Boys & Girls Clubs of Middlesex County **Telephone number:** (617) 628-4665
181 Washington St. P.O. Box 269, Somerville, MA 02143

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:**_____

FOR THE APPLICANT:

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 name:_____
Date of birth:_____
Signature:_____
Address:_____

Personal identifying characteristics:
Sex: _____ **Race:**_____ **Height:**_____ **Weight:**_____ **Eye Color:**_____ **Hair Color:**_____

Other information (e.g. license plate OR driver's license number):_____
_____

***************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 – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OR NOT MORE THAN ONE THOUSAND DOLLARS ($1000.00) 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 OR 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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