

NORWELL RECREATION
234 Main St, PO Box 295, Norwell, MA 02061
781.659.8046 Fax 781.659.7795
Email: recreation@townofnorwell.net
Website: townofnorwell.net

**VOLUNTEER APPLICATION OR SUMMER "WORKREATION"
PLEASE PRINT**

JUNE 1 Deadline for Summer

***WORKREATION** is a Summer Volunteer Program for youth ages 13-17 who want to volunteer to assist as program aides. You can "earn" Rec Credits (1 volunteer hour = \$2 credit toward Recreation fees) for yourself or any family member. You **must attend a preseason training session (2011: Wed, June 29, 9:15-11:45am)**. Your volunteer hours can have a flexible schedule. Space may be limited.

For the protection of children, Norwell Recreation accepts volunteers only after an acceptable criminal background check is made (CORI). Please complete the CORI form (page 2)

DATE: _____

NAME: _____

HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

GRADE (NOW) _____

What special interests, abilities, and skills do you have & are you will to teach others? _____

What previous experience do you have in the above interest area(s) or with children? _____

Have you had any previous volunteer experiences? _____ Where? _____

What age group do you prefer? You must be at least three grades older than the oldest program participant.

Circle 1 or more: 4-5 yr olds Gr K-1 Gr 2-5 Gr 6-8

Additional comments: _____

If under 18, Name(s) of Parents/Guardians: _____

Parent Home Phone: _____ Cell Phone: _____

Note Volunteer's Allergies or Special Conditions: _____

Parental Permission Release: I realize that participation in the volunteer program involves some risk due to the nature of playing with children and helping in recreation activities. But I regard the benefits to outweigh the risks. I agree to hold harmless the Town of Norwell, its employees/agents from claims or liability related to any accident that may occur. I give permission for medical treatment & xrays to be given if needed.

Signature of Parent/Guardian: _____ **Date:** _____

Town of Norwell
Recreation Department
P.O. Box 295, 345 Main Street
Norwell, MA 02061
PHONE 781-659-8046
FAX 781-659-7795

TOWN OF NORWELL
TNBOS
172H – BATCH TYPE-Y
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**CORI REQUEST FORM – RETURN TO ABOVE ADDRESS
STAFF & VOLUNTEERS IN PROGRAMS TO CHILDREN**

CHAPTER 6, § 172H CORI REQUEST FORM

Norwell Board of Selectmen is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board (CHSB) 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 staff and volunteers.

APPLICANT INFORMATION (PLEASE TYPE OR PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER *ID Theft Index PIN
(Requested by not required) (if applicable)

MOTHER'S MAIDEN NAME

CURRENT ADDRESS: _____
(# Street, City, State, Zip)

FORMER ADDRESS: _____
(# Street, City, State, Zip)

SEX: _____ HEIGHT _____ft. _____in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

Please bring or attach a photocopy of a government issued photographic identification [ex. driver's license, learner's permit, passport, alien registration card, employment authorization card, or US Military ID card. If no photo ID is available, a birth certificate is allowed]

*The CHSB Identity Theft Index PIN number is to be completed by those applicants that have been issued an Identity Theft Index PIN number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**

Office use only: REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE