

Attention: Katie Healey

West End House Boys and Girls Club Volunteer Application

Please Note: If you are downloading the Volunteer Application form from our web site, please fill out the form completely and return it to our Community Partnership Coordinator Katie Healey by:

- Dropping it off in person
- Emailing it to **khealey@westendhouse.org**
- Faxing it to the West End House (617.787.4386)
- Mailing it to the Club at 105 Allston St., Allston, MA 02134 Attn: Katie Healey

All Applicants Must Attend a Volunteer Orientation at the Club (Tues. & Thurs. at 6 p.m.) and consent to background checks.

Basic Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZipCode _____

Preferred form of communication (circle one): Home Phone Work Phone Cell Phone Email

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Previous addresses within the past 10 years _____

Are you a student? No__ Yes_____ Date of Birth: __ / __ / __

What school do you attend? _____ What grade/year are you in? _____

Volunteer Interests & Experience

Have you done volunteer work before? No__ Yes__

If yes, where did you volunteer and what did you do? _____

What types of work are you interested in doing here? (Check all that apply)

Teen Programs Tutoring/Education Leadership Development

Sports Arts Education Sports/Recreation/ Fitness

Other: (explain) _____

Please list any hobbies or interests: _____

Why do you want to volunteer at the West End House Boys and Girls Club? _____

Availability (include days of the week and start and end times): _____

How did you hear about the West End House Boys & Girls Club? _____

Personal History

Have you ever been convicted of a crime? No__ Yes__

If Yes, please explain _____

Have you ever been asked to leave a volunteer position? No__ Yes__

If Yes, please explain _____

Employment and Volunteer References

Employer

Company Name: _____ Title: _____

Company Address: _____

Date Started:__ Date Left: __

Supervisor's Name: _____ Phone #: _____

May we contact the employer? Yes__ No __

Volunteer Experience

Agency Name: _____ Phone#: _____

Address: _____

Supervisor's Name: _____ Phone#: _____

May we contact? Yes__ No__ How long at agency? _____

Duties: _____

I certify that all the answers given by me to all of the questions on this application and any attachments are to the best of my knowledge true and that I have not withheld any pertinent information. I understand that any omission, misrepresentation or false information submitted in connection with this application may result in refusal or of summary dismissal of volunteer employment.

I hereby agree that in the course of considering my application, you may make inquiry to ascertain information concerning my background and I understand that, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided to me.

Signature: _____ Date: _____

Cori Form

WENDH
FE077



The West End House Boys & Girls Club of Allston-Brighton

105 Allston Street | Allston, MA 02134 | tel: 617.787.4044 | www.wehbhc.org

The West End House Boys & Girls Clubs of Allston-Brighton has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant / Employee Signature

Applicant / Employee Information (Please Print)

Last Name

First Name

Middle Name

Maiden Name or Alias (If Applicable)

Place of Birth

Date of Birth

Social Security Number

Mother's Maiden Name

Current Address

Any Former Addresses

Sex: _____

Height: _____ ft _____ in.

Weight: _____

Eye Color: _____

State Driver's License Numer: _____

WEHBGC staff use only

The above information was verified by reviewing the following form of Government Issued Identification: _____

Requested by: _____

Signature of Cori Authorized Employee

CHSB Use Only

Record Attached: _____

No Record: _____

COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD

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, 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.

Requestor's name: Katherine Healey Date of birth: 4/20/82
Address: 105 Allston St. Telephone number: 617-787-4044
Allston, MA 02134

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: Katherine Healey Date: _____

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 or approximate age: _____

Address: _____

Personal identifying characteristics:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other information (e.g. license plate number, parents' names, etc.): _____

*****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 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF 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 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).