West End House Boys & Girls Club Volunteer Application

Please fill out the form completely and return it to Sarah MacPherson via scan/email at smacpherson@westendhouse.org.

Call 617-870-7513 if you have any questions.

All applicants must complete the following process before beginning volunteer service:

- Attend a volunteer orientation;
- Fill out and return a volunteer application, including consent to perform a background check; and
- Attend a mandatory volunteer training.

| Name: Date: | | | | |
|--|--|--|--|--|
| | | | | |
| Address: | | | | |
| City: State: Zip Code | | | | |
| Most recent previous address: | | | | |
| Date of Birth:/ | | | | |
| How do you identify? (check one) □ Asian □ Black □ Brazilian □ Caribbean Islander □ Hispanic | | | | |
| □ Multi-Racial □ Native American □ Pacific Islander □ White □ Other | | | | |
| Home Phone: Work Phone: Cell Phone: | | | | |
| Email: | | | | |
| What languages do you speak? | | | | |
| Have you served in or are you an active member of the military? YesNo If yes, what branch? | | | | |
| Are you a student? Yes No If yes, what school do you attend/what year are you? | | | | |
| Volunteer Interests & Experience | | | | |
| | | | | |
| Have you done volunteer work before? Yes No | | | | |
| If yes, where did you volunteer and what did you do? | | | | |

Which programs interest you? (Circle all that apply)

| Performing Arts | Visual Arts Programs | Homework Help & | Kids in Motion | Music Clubhouse |
|------------------------------|--|-----------------------------|--------------------------------|--|
| Programs | | Academic Tutoring | Programs | Programs |
| Nutrition & Cooking | Café Preparation | Gamesroom | Girls on the Run | Reading Buddies |
| Classes | | | | |
| STEM Programming | Sports Team Coaching | One-Time | | |
| | | Opportunities | | |
| Which age group do you | u prefer to work with? | Elementary (ages 7-1 | (10) Middle School (| (ages 11-13) |
| | | High School (ages 14 | 4-18) | |
| Please list any hobbies of | or interests: | | | |
| · | | | | |
| Availability (include day | s of the week and start a | nd end times): | | |
| | | | | |
| Who connected you to | the West End House (ple | ease provide name of fi | riend/family member, b | ousiness, or |
| , | The state of the s | • | • | |
| | | | | |
| | | | | |
| Personal History | | | | |
| Have you ever been cor | nvicted of a crime? Yes_ | _No | | |
| If yes, please explain: _ | | | | |
| Have you ever been ask | ed to leave a volunteer p | osition? YesNo | | |
| If yes, please explain: _ | | | | |
| Employment | | | | |
| Employer | | | | |
| Company Name: | | Title: | | |
| Company Address: | | | | |
| I have not withheld any peri | | and that any omission, misr | representation or false inform | he best of my knowledge true and that nation submitted in connection with |
| | urse of considering my applica en request, information as to | | | oncerning my background and I l be provided to me. |
| Signature: | | | Date: | |

THE WEST END HOUSE BOYS & GIRLS CLUB OF ALLSTON-BRIGHTON Criminal Offender Record Information (CORI) Acknowledgement Form

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The West End House Boys & Girls Club of Allston-Brighton (WEH) is registered under the 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 **WEH** 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 **WEH** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: **WEH** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **WEH** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided below on this Acknowledgement Form is true and accurate.

| SIGNATURE | | | DATE (mm/dd/yyyy) | | | |
|------------------------|-----------------------------------|--|----------------------|--------------|--------|-----|
| Pl | ease be aware that if any informa | CT INFORMA ation is incomplete. (*) indicates a requ | this CORI can not be | e processed. | | |
| Name: | | | | | | |
| *First | *Middle | | *Last | | Suffix | |
| Maiden Name (or any o | other name(s) by which yo | u have been kn | own): | | | |
| *Date of Birth (mm/d | d/yyyy): | | Place of Birth: | | | |
| *Last Six Digits of Yo | ur Social Security Numb | oer: | | | | |
| Gender: Race: | | _ Eye Color: _ | | Height: | ft | in. |
| Father's Name: Last: _ | | | First: | | | |
| Mother's Name: Last: | | First: | | Maiden | | |

Telephone #: Driver's License or ID #:

City/Town

City/Town

Zip Code

Zip Code

State

State of Issue:

*Current Address:

Former Address:

No. & Street Name, Apt. #

No. & Street Name, Apt. #

LexisNexis Disclosure and Authorization

Important: Please Read Carefully Before Signing Authorization

Disclosure Regarding Background Investigation

The West End House Boys & Girls Club (WEH) may obtain information about you for employment/volunteer purposes from a third-party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, allowing WEH to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment/volunteerism to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Acknowledgement and Authorization

I acknowledge receipt of the Disclosure Regarding Background Investigation and certify that I have read and understand the document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by WEH at any time after receipt of this authorization and throughout my employment/volunteerism, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state of federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc. on behalf of WEH. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

| SIGNATURE | DATE (mm/dd/yyyy) | | | | | |
|---|----------------------------------|--|--|--|--|--|
| · e | | a request will be made for Sex Offender ground check for employment and/or | | | | |
| Full Social Security Number: | | | | | | |
| | (Needed for LexisNexis and S | SORI checks.) | | | | |
| | | | | | | |
| FOR INTERNAL USE ONLY | | | | | | |
| The CORI information on the previous page | was verified by reviewing the fo | llowing form(s) of government-issued identification | | | | |
| (attached): | | | | | | |
| VERIFIED BY: | | | | | | |
| Name of WEH Verifyin | g Employee (Please Print) | Signature of Verifying WEH Employee | | | | |
| □ CORI □ LN □ SORI □ eSORI □ I | Report Approved: | Date: | | | | |
| | | | | | | |