

TOWN OF HUDSON PARK COMMISSION

Division of Recreation

Town Hall 78 Main Street Hudson, MA 01749 978-568-9642

VOLUNTEER FORM

Please be advised that the Hudson Park Commission/ Division of Recreation reserve the right to restrict the number of volunteers in programs.

All volunteers are required to fill out CORI forms prior to starting any service for the Town of Hudson/Park Commission/Division of Recreation. Please find the attached CORI form which must be filled out and submitted with this Volunteer Form.

NAME	HOME PHONE			
ADDRESS	TOWN			
AGE Email Address:				
Are you volunteering to fulfill Community Service Hours for If yes, organization name				
Please list the program you are interested in volunteering for (i.e. swim lessons, sunshine program, playground – list age				
1 st choice				
2 nd choice				
3 rd choice				
Special Event Volunteer:	olf tournament, park project)			

Please be aware that volunteers are not paid employees and therefore may be restricted from attending some special activities (field trips) due to the cost of those programs.

SEE REVERSE SIDE FOR PARENTAL RELEASE FOR VOLUNTEERS



TOWN OF HUDSON PARK COMMISSION Division of Recreation 78 Main Street Hudson, MA 01749 978-568-9642 fax 978-562-8508

MEMORANDUM FROM THE DESK OF:

Linda M. Ghiloni Director of Recreation lghiloni@townofhudson.org

The State of Massachusetts' Criminal History Systems Board instituted new regulations as of July 1, 2005, on agencies that provide activities for children.

We are now required to perform CORI checks on all applicants regardless of age, and will have access to criminal convictions and pending criminal case information, as well as juvenile data.

These record checks are only performed in the event that you are hired by this agency. Record information does not necessarily disqualify anyone from employment.

If you have any questions, please feel free to contact me.



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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

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

Hudson Park Commission, Division of Recreation 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 Hudson Park Commission, Division of Recreation 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 Hudson Park Commission, Division of Recreation written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Hudson Park Commission, Division of Recreation may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Hudson Park Commission, Division of Recreation 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 on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE	DATE	

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name	*First	Name	Middle Name		Middle Name Suffix	
Maiden Name (or other	name(s) by wh	ich you have bee	n known)			
*Date of Birth	PI	ace of Birth				
*Last Six Digits of Your	Social Security	y Number:	<u> </u>			
Sex: Height: _	ft in. I	Eye Color:	Race: _			
Driver's License or ID N	Jumber:		_State of Issue:			
Mother's Full Maiden N	ame	Fath	er's Full Name			
Current and Former Ad	dresses:					
Street Number & Name		City/Town		State	Zip	
Street Number & Name		City/Town		State	Zip	
The above information videntification:	vas verified by	reviewing the foll	owing form(s) of	government	:-issued	
VERIFIED BY:		ing Employee (Pl	ease Print)			
	Signatur	e of Verifying Em	ployee			