



YMCA OF THE NORTH SHORE

APPLICATION FOR VOLUNTEER OPPORTUNITY

Thank you for offering your time and talents as a volunteer! At the YMCA, volunteers are *vital* to helping us meet the needs of the kids, families, and adults who live on the North Shore. We know that your time and talents are precious and we want every minute you spend with us to be rewarding. Therefore, please take a few minutes to fill out this application. It will help us match your skills and interests to the opportunities available. You will also find questions about your background, former residences, places of employment and references. As a matter of policy, we conduct these background and reference checks on *all* volunteers. It is just one of the many ways we protect children and other vulnerable people served by the YMCA. Once complete, please submit your application to:

Annie Brainard, Volunteer Development Coordinator
 YMCA of the North Shore
 245 Cabot Street
 Beverly, MA 01915
 978.922.0990 ext 1124
 Fax: 978.922.7602
 Email: brainarda@northshoreymca.org

CONTACT Information

NAME:	Home Phone ()	Cell Phone ()
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Work Phone ()
EMAIL:		
EMERGENCY CONTACT INFORMATION		
Name:		
Phone:	Relationship:	

VOLUNTEER Information

Area of Interest (check all that apply) <input type="checkbox"/> Children <input type="checkbox"/> People with Special Needs <input type="checkbox"/> Special Events only <input type="checkbox"/> Administrative Support <input type="checkbox"/> No preference Other Specific Opportunity _____	<input type="checkbox"/> Teens <input type="checkbox"/> Seniors <input type="checkbox"/> Committees <input type="checkbox"/> Fundraising	Location: <input type="checkbox"/> Beverly <input type="checkbox"/> Cape Ann <input type="checkbox"/> Haverhill <input type="checkbox"/> Ipswich <input type="checkbox"/> Marblehead <input type="checkbox"/> Salem	Date available:
I would like to volunteer: ___ on a regular schedule ___ for special events ___ as time permits What days and times are you generally available to volunteer?			
Please share any related skills, certifications, licenses or experiences:			
How did you hear about our volunteer opportunities at the YMCA of the North Shore:			
Have you ever volunteered or worked for the YMCA of the North Shore before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify date, branch and department. Are you currently a member of the YMCA of the North Shore? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, which branch?			

EDUCATION

SCHOOL NAME & LOCATION	Years Attended		Graduate? (Yes/No)	What Degree
	From	To		
High School				
College/University				
Other				
Highest Degree Earned (Circle one only): 1. High School 2. Associate 3. Bachelor 4. Master				

REFERENCES

Please provide information for three individuals (not relatives) that we may contact.

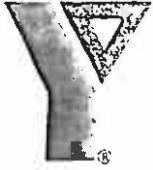
Name	Relationship	Address	Phone	Years Known

EMPLOYMENT

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		PERSONNEL USE ONLY
Company Name	Phone No.	Dates of Employment
Address (Include Street, City, State, Zip Code)		May we contact? Yes ___ No ___
Job Title		
Supervisor (Name & Title)		
Description of Job Duties		
Company Name	Phone No.	Dates of Employment
Address (Include Street, City, State, Zip Code)		May we contact? Yes ___ No ___
Job Title		
Supervisor (Name & Title)		
Description of Job Duties		

PERSONAL Information

<p>Are you less than 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)</p>
<p>Have you ever been convicted for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:</p>
<p>Within the last 5 years, have you been convicted of, or ended a period of incarceration resulting from, a conviction for a misdemeanor other than first convictions for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? If yes, describe in full.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:</p>
<p>Please note: If you have a sealed record on file with the Commissioner of Probation you may answer "no record" with respect to an inquiry herein relative to prior convictions. In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior adjudications in all cases of delinquency or as a child in needs of services which did not result in a complaint transferred to Superior Court and resulting in conviction.</p>
<p>The Criminal History Systems Board and Security Privacy Council certified the YMCA of the North Shore for access to conviction data concerning present and prospective volunteers who will have the opportunity for contact with children.</p>
<p>My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.</p>
<p>_____</p> <p>Volunteer Applicant Signature</p>
<p>_____</p> <p>Date of Application</p>



YMCNS
FE288

COMPANY LETTERHEAD (The above code must remain visible)

CORI REQUEST FORM

YMCA of the North Shore
245 Cabot Street
Beverly, MA 01915
978.922.0990
fax 978.922.7602

YMCA of the North Shore has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, 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.

Cape Ann YMCA
71 Middle Street
Gloucester, MA 01930
978.283.0470
fax 978.283.3114

Applicant/Employee Signature

Greater Beverly YMCA
254 Essex Street
Beverly, MA 01915
978.927.6855
fax 978.927.6530

LAST NAME FIRST NAME MIDDLE NAME

Haverhill YMCA
81 Winter Street
Haverhill, MA 01830
978.374.0506
fax 978.373.0710

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

Ipswich Family YMCA
110 County Road
Ipswich, MA 01938
978.356.9622
fax 978.356.0625

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
(Requested but not required)

MOTHER'S MAIDEN NAME: _____

CURRENT AND FORMER ADDRESSES: _____

Marblehead/ Swampscott YMCA
94 Pleasant Street
Marblehead, MA 01945
781.631.0870
fax 781.639.0190

SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

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

Salem YMCA
One Sewall Street
Salem, MA 01970
978.744.0351
fax 978.740.9168

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE



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: _____ Date of birth: _____

Address: _____ Telephone number: _____

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: _____

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).