



**Town of Lexington  
Recreation and Community Programs  
39 Marrett Road, Lexington, MA 02421**

**Community Service Volunteer Application**

*Applicants must be a minimum of 14 years of age or in the ninth grade. This form must be completed by the applicant (please print clearly or type). Submit to [recdept@lexingtonma.gov](mailto:recdept@lexingtonma.gov), along with the attached CORI Authorization and CORI Request. ID required (school ID, passport, or license accepted).*

Volunteer opportunities are available with this department year-round. Opportunities may be available at sport clinics and youth leagues; inclusion programs; youth tennis and aquatics (summer only); and ski programs (must be 18+). Applicants may be asked to interview with staff.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Grade \_\_\_\_\_

Email: \_\_\_\_\_

When are you available? Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours you are available: \_\_\_\_\_ How many hours a week? \_\_\_\_\_

What area of volunteer work are you interested in? Recreation \_\_\_\_\_ Community Center \_\_\_\_\_

What type of volunteer work do you want to do? Do you have a specific program in mind? \_\_\_\_\_

\_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

\_\_\_\_\_

What hobbies, activities or civic groups are you involved in? \_\_\_\_\_

\_\_\_\_\_

What skills would you bring to a volunteer position? \_\_\_\_\_

\_\_\_\_\_

Do you have First-aid, CPR, WSI Aide or other certifications?    yes     no

If yes, list certification(s) held with expiration date(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References** (i.e., adult teachers, clergy, civic leaders; no family members; formal written statements **not** required).

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- |        |         |         |
|--------|---------|---------|
| (Name) | (Email) | (Phone) |
|--------|---------|---------|

Should you be accepted for a volunteer position, our staff will provide you with support, supervision, and training. In return, we ask that you accept the responsibility of the assignment by agreeing to work within the guidelines of your assignment, respect issues of confidentiality, abide by the policies and procedures of the department, and report any incidents that you may witness to the supervisor you are assigned.

**Applicant** Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**(The following is required if applicant is under 18)**

In the event of a medical emergency, I hereby grant permission to the attending physician and their staff to administer anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable for the above named volunteer. I understand that in an emergency, whenever possible, an attempt will be made to contact me at (cell) \_\_\_\_\_.

**Parent/Guardian** Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please print name here) \_\_\_\_\_

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In 2002, the Commonwealth of Massachusetts adopted a law in an effort to protect children in Massachusetts that imposes several new requirements for all organizations and entities engaged in providing services to children 18 years of age and younger. A Criminal Offender Record Information (CORI) check is required for **all** employees and volunteers. Our goal is to comply with this regulation and provide the safest possible environment for the children we service. A CORI Request and Authorization is attached. All CORI information is kept confidential and goes to the office of Recreation and Community Programs.

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***For office use only:***

Program Placement: \_\_\_\_\_

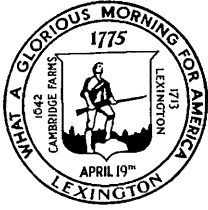
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Comments (optional): \_\_\_\_\_

\_\_\_\_\_



TOWN OF LEXINGTON

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

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

The Town of Lexington 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 the Town of Lexington 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 the Town of Lexington written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The Town of Lexington may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Lexington 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.

\_\_\_\_\_  
Applicant SIGNATURE

\_\_\_\_\_  
DATE

Applicants who are under the age of 18 years old, must have a parent/guardian also sign below.

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
DATE



**Town of Lexington  
Recreation and Community Programs**

Melissa Battite, CPRP  
Director of Recreation and Community Programs

Tel: 781-698-4800  
Fax: 781-861-2747

CMPFA  
172H  
G

**CHAPTER 6, §172H CORI REQUEST FORM**

Lexington Recreation and Community Programs is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board 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 or paid staff, to obtain all CORI prior to accepting any person.

**APPLICANT- VOLUNTEER INFORMATION**

(Please type or print clearly. You **MUST ATTACH** a clear copy of a picture ID.)

\_\_\_\_\_

LAST NAME                      FIRST NAME                      MIDDLE NAME

\_\_\_\_\_

MAIDEN NAME OR ALIAS (IF APPLICABLE)      PLACE OF BIRTH

\_\_\_\_\_

XXX - -

DATE OF BIRTH                      Last 6 of SOCIAL SECURITY NUMBER                      ID THEFT INDEX PIN\*  
(If applicable)

\_\_\_\_\_

MOTHER'S MAIDEN NAME

LIST CURRENT AND FORMER COMPLETE ADDRESSES:

\_\_\_\_\_

\_\_\_\_\_

SEX: \_\_\_\_\_      HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in.      WEIGHT: \_\_\_\_\_      EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(Include state of issue.)

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: Melissa Battite  
(CORI authorized employee signature.)