



127 Mount Vernon Street
Boston, MA 02128
(617) 227-5838

VOLUNTEER APPLICATION

Position Desired: _____ Date: _____
Name: _____ DOB: _____
Address: _____
Telephone: _____
Email Address: _____

Are you currently employed? ☐ Yes ☐ No

If yes, where? _____

Have you previously volunteered for Hill House? ☐ Yes ☐ No

If you answered yes, please describe any previous work: _____

High School attended: _____

Attended from: _____ Attended to: _____

College attended: _____

Attended from: _____ Attended to: _____

Date of graduation: _____

Are you fluent in any foreign language? ☐ Yes ☐ No

If yes, please list which language: _____

Have you played any organized sports? ☐ Yes ☐ No

If yes, which sports did you play? _____

Do you have any special hobbies or talents? ☐ Yes ☐ No

If you answered yes, please describe: _____

Licenses or certificates that you currently hold: (please provide copies)

☐ First Aid

☐ CPR

☐ Lifeguard

☐ Other (please explain below)

What age group would you prefer working with? _____

When are you available to volunteer?

Days: _____

Times: _____

Please describe any experience working with children:

If you are completing community service hours, how many hours do you need to complete? _____

When must they be completed? _____

Do you require a letter confirming completion of these hours? ☐ Yes ☐ No

Have you ever been convicted to a crime; including drugs, sex-related or child abuse related offenses? ☐ Yes ☐ No

If you answered yes, please explain: _____

Please list three references that we may contact regarding your character:

Name

E-mail

Telephone

Hill House Inc. reserves the right to conduct CORI (Criminal Offender Registry Information) and SORI (Sex Offender Registry Information) checks on all potential volunteers.

Applicant's Signature

Date

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Quality
99 Chauncy Street, 11th floor, Boston, MA 02111
617-753-8000

Criminal Offender Record Information (CORI) Acknowledgement Form

The Department of Public Health, Division of Health Care Quality, is certified by the Department of Criminal Justice Information Services (DCJIS) to screen applicants for licenses to operate health care facilities and programs. As a licensure applicant, I understand that a CORI check will be submitted to DCJIS for my personal information. I understand that a criminal offender record information (CORI) check will be conducted for conviction and pending criminal case information, only, and that such information will not necessarily disqualify me. The information below is correct to the best of my knowledge. I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS.

Signature	Date
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*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

*Date of Birth, mm/dd/yyyy	Place of Birth	*Last Six Digits of Your Social Security Number
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Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height	ft	in	Eye Color	Race
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Driver's License or ID Number	State of Issue
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Mother's Full Maiden Name	Father's Full Name
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Current Address

Street Number & Name	City/Town	State	Zip
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Former Address

Street Number & Name	City/Town	State	Zip
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DPH/DHCQ use only. The above information was verified by reviewing the following form(s) of government-issued identification:	
Name of Verifying Employee (Please Print)	Signature of Verifying Employee



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Care Quality

99 Chauncy Street, 11th floor, Boston, MA 02111

617-753-8000

CORI

The Department of Public Health (Department) is required to conduct suitability reviews for all applicants applying for licensure as new health care providers. The review includes a criminal background check of the applicant. Accordingly, The Department has been certified by the Executive Office of Public Safety, Criminal History Systems Board, for access to reports from the criminal offender record information system.

The enclosed Criminal Offender Record Information (CORI) form must be completed and returned with the license application for all individuals (use full names) identified below so that determinations of suitability and responsibility can be made in a timely manner.

- All individuals who hold a 5% or greater ownership or managerial interest in the facility;
- If the applicant is a partnership, CORI forms must be completed for all general and limited partners with 5% or greater ownership interest in the partnership;
- If the applicant is a for profit corporation, CORI forms must be completed for all officers, directors and holders of 5% or more of the corporation's stock;
- If the applicant is a not for profit organization, CORI forms must be completed for the officers of the board of directors, the executive committee, or other such governing body that has direct and ultimate control over the operation and compliance performance of the facility.
- The program administrator.

In order to verify the information on your CORI request form, you may either (1) deliver your application to us in person, at which time we will verify the information on your request form, or (2) include a photocopy of a government-issued photographic identification with your request form.

Government-issued photographic identification includes, but is not limited to: state issued drivers license, state issued photographic identification card, passport, or US military ID. We are not able to accept an identification card issued by a private employer or, with the exception of a passport, by a non-US or state government agency.

If you have any questions or concerns regarding the completion of these CORI forms please contact Pearlina Mills (617) 753-8124.

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

SORB USE ONLY

SOR Form 4 (05/11)