

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?					
Have you previously volunteered for Hill Ho	ouse? 🗆 Yes 🛛 No				
	vious work:				
High School attended:					
Are you fluent in any foreign language?]Yes □ No				
If yes, please list which language:					
Have you played any organized sports?					
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)

 \Box First Aid \Box CPR

□ Lifeguard

□ Other (please explain below)

What age group would you prefer working with? _____ When are you available to volunteer? Days: _____ Times:

I imes: _____

Please describe any experience working with children:

If you are completing community s	service hours, how r	many hours do you	u need to complete?
When must they be completed?			

Do you require a letter confirming completion of these	hours? \Box Yes \Box No
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Have you ever been convicted to a crime; including drugs, sex-related or child abuse related

offenses?	\Box Yes	🗆 No
- 0		

If you answered yes, please explain:	If you answered yes, please explain:	
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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.

Signatu	ıre				Date		
*Last N	Name	*First	Name		Middle Name		Suffix
Maider	n Name (or other name(s) by which you h	ave been k	nown)			
					XXX /	/	
*Date	e of Birth, mm/dd/yyyy		Place of	of Birth	*Last Six Digits of	Your Social	Security Number
Sex	□ M □ F	Height	ft	in	Eye Color	Race	
Driver	s License or ID Number				State of Issue		
Mother	's Full Maiden Name				Father's Full Name		
Currer	nt Address						
Street 1	Number & Name		Cit	y/Town		State	Zip
Forme	r Address						
						-	
Street I	Number & Name		Cit	y/Town		State	Zip
DPH/I	OHCQ use only. The a	bove informatio	n was verif	ied by rev	viewing the following form(s) of gove	rnment-issued	identification:
Name o	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.

Commonwealth of Massachusetts Sex Offender Registry Board

M.G.L. c. 6, § 178I 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, Attn: SORI Coordinator, 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.	SORB USE ONLY
All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution. Requestor's name: <u>Rechel</u> <u>Czubryt</u>	Date of birth: 9/14/87
Address: 127 Mount Vernon Street	
Baston, MA 02108	
for my own protection, the protection of a child under 18 years of a care or custody. Requestor's signature:	e-named person, at least 18 years of age, and I am requesting information age, or for the protection of another person for whom I have responsibility Date:
Subject's LAST NAME:	
Subject's FIRST NAME::	
Subject's MIDDLE INITIAL:	
Date of birth or approximate age: / / /	
M M D D Y	Y Y Y AGE
Address (PRINT):	
Personal identifying characteristics:	
Sex: Race: Height: Weight:	Eye Color: Hair Color:
Other information (e.g. license plate number, parents' names, etc.):	

If additional information is needed, please contact the Requestor at the telephone number above.

**********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 – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) 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).