

DATE: _____
STAFF INITIALS: _____

Sawyer Free Library Volunteer Application

Volunteer Contact Information

Name	
Street Address	
City, State, and ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Best way to contact you?	
Age	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, and ZIP Code	
Home Phone	
Work Phone	

Availability

During which hours are you available for volunteer assignments?

___ Monday Time:
___ Tuesday Time:
___ Wednesday Time:
___ Thursday Time:
___ Friday Time:
___ Saturday Time:

Commitment of Hours

___ I would like to volunteer on an ongoing basis at ___ hours per week.
___ I would like to volunteer until _____ (date) at ___ hours per week.
___ I would like to volunteer for ___ hours total to fill a community service requirement.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Other Information

Is there any other information you would like us to know about you?

CORI (Criminal Offender Record Information) Request

The Sawyer Free Library 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, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. The signature below constitutes consent for the Sawyer Free Library to conduct a CORI check.

Name (printed)	
Signature	
Date	

***Please fill out the attached CORI form and include a photocopy of your driver's license or passport.**

Please Return This Form To:

Beth Pocock, Assistant Library Director
Sawyer Free Library
2 Dale Avenue
Gloucester, MA 01930
978-281-9763 ext. 20

City Hall
Nine Dale Avenue
Gloucester, MA 01930



TEL 978-281-9742
FAX 978-282-3055
spolzin@gloucester-ma.gov

CITY OF GLOUCESTER
PERSONNEL OFFICE
Cori Request Form

The City of Gloucester has been certified by the Criminal History Systems Board for access to all convictions and pending data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending information only and that it will not necessarily disqualify me for employment. This information is correct to the best of my knowledge

Applicant/Employee Signature

Date

Last Name

First Name

Middle Name

Maiden Name/Alias (if applicable)

Date of Birth

Social Security Number (last 6 digits) _____ - _____

Mother's Maiden Name: _____

Current and former address: _____

Requested by: _____

Signature of C.O.R.I. Authorized Employee