

SWCARC, Inc.
PO Box 66
Southbridge, MA 01550
508-764-4085

VOLUNTEER APPLICATION

(PLEASE PRINT)

Date of Application _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone Number _____ Cell Phone _____

Social Security Number _____ Date of Birth _____

Have you filed an application with this Agency before ____ Yes ____ No
If yes, give date _____

Have you ever been employed with this Agency before ____ Yes ____ No
If yes, give date _____

On what date would you be available to begin? _____

What day(s) are you available to volunteer? Mon. Tues. Wed. Thurs. Fri.
[Please Circle]

What time of day are you available to volunteer? Morning Afternoon Evening
[Please Circle]

What time(s) are you available to volunteer? _____

REFERENCES

Give name, address and telephone number of three references who are not related to you, and are not previous employers.

NAME

TELEPHONE NUMBER

1. _____

2. _____

3. _____

Special Skills and Qualifications:

Summarize special skills and qualifications that may be helpful.

It is my understanding that this volunteer application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if accepted, my time will be at-will in nature, and may be terminated with or without cause at any time, by either myself, or the agency. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this agency, or organization.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize SWCARC, Inc. The Center of Hope, to investigate my references and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of volunteer position or discharge.

Signature of Applicant **Date**

Signature of Parent (if applicant is under 18) **Date**

For Personnel Department Use Only

Arrange Interview: _____ **Yes** _____ **No**

Remarks: _____

CORI Completed and Reviewed: _____

Accepted _____ **Yes** _____ **No** **Date to begin** _____

Orientation Date: _____

Program Assignment:

Special Considerations: _____

Supervisor: _____

C O R I Guidelines:

Since Employees of The Center of Hope may be involved in unsupervised contact with program participants; the Commonwealth of Massachusetts has mandated that all persons being considered for employment, promotions or lateral transfers undergo a **C O R I (Criminal Offender Record Information)** check. As a result, applicants must complete the section below disclosing whether he/she has a criminal record. Please read the section below for information on what you do and do not need to provide on this application. Any criminal record other than that disallowed must be disclosed. Moreover, any applicant with a criminal record may be asked for additional information such as a letter from a parole or probation officer. The person conducting the **CORI** check is our Agency’s **CORI** Coordinator. As part of this process you must provide consent for a CORI investigation on your background by signing below and completing a **CORI** form.

Disclosure of Criminal Record Information (also include pending information) Have you ever been convicted of a felony? Yes No

If yes, please explain below:

I hereby give consent for a CORI check to be conducted on my background prior to my employment and acknowledge that the CORI coordinator is authorized by law to conduct whatever investigations are necessary prior to and during the course of my employment.

Signature of Applicant

SEALED RECORD NOTICE

An applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” with respect to an inquiry herein relative to prior arrest or criminal court appearances. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Veteran of the U.S. Military Service? Yes No

If yes, please explain; _____

Indicate what foreign languages you speak, read, and / or write. (OPTIONAL – Answer only if your knowledge of a foreign language is related to the requirements of the position for which you are applying)

Speak _____

Read _____

Write _____