

VOLUNTEER APPLICATION

PERSONAL INFORMATION

<input type="text"/>				Gender:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOB:	<input type="text"/>
Title	First Name	M.I.	Last Name		M	F	X		MM/DD/YYYY

(X = Prefer not to disclose)

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Email Address	Primary Phone Number	Secondary Phone Number

<input type="text"/>	<input type="text"/>
Primary Language	Secondary Language

Affiliation:

Employer, College, or Service Organization's Name & Address

Optional (On occasion funders ask us for certain demographic information. Please share if you feel comfortable doing so.)

Highest level of education completed: High School/GED Associates Bachelors Masters Doctorate

How do you classify your race and/or ethnicity?

African American Asian Hispanic/Latino Multiracial White Other:

INTERESTS

Please indicate the type(s) of volunteer work you are interested in:

Direct Support (work with students)
 Administrative Support (support SSV operations)
 Other

For Direct Support, please indicate area(s) of interest below:

Social-Emotional Support: Participate in weekly character-building discussions/activities with student(s).

One-on-one mentoring Student Name (if applicable):
 Small group mentoring Check here if you are willing to provide academic-focused mentoring (grades 6-12)

Academic Support: Provide support to students with identified academic challenges for at least 30 minutes/week.

Please select all areas in which you are comfortable providing academic support:

Reading/Literacy Math [specify types]
 Social Studies Science [specify types]
 History Foreign language (specify language(s))
 Other:

Read Aloud: Read to participating elementary school classrooms once a month, Oct. – Feb. Select preferred grade(s):

Pre-K/K Gr 1 Gr 2 Gr 3 Gr 4 Gr 5

INTERESTS (CONTINUED)

Preferred School(s): Any School

Preferred Grade Level(s): Elementary (Pre-K – 5) Middle (6-8) High (9-12) Any Grade

If you selected **Administrative Support**, please indicate area(s) of interest below:

- SSV Ambassador** - Utilize your strengths and skills to support SSV's operations in a variety of areas and roles.
- Planning – Assist with the development, revision and implementation of program strategies.
 - Training – Assist with developing value-added training; mentor less experienced volunteers in similar roles.
 - Outreach – Assist with SSV's outreach efforts including sharing contacts and attending recruitment events.
 - Technology/Communication – Assist with the development and implementation of SSV's online marketing strategy.
 - Tracking/Evaluation – Assist with the development of tools to facilitate the tracking and analysis of relevant data.
- Read Aloud Advisory Committee** – Assist with annual program planning, including book selection.

If you are applying for something other than the opportunities above, provide additional information below:

Athletics/Coaching
Sport, School and Coach's Name

Other (explain)

Skills/Hobbies/Interests:

AVAILABILITY

Please tell us the day(s) and time slot(s) you are available to volunteer:

AUTHORIZATION

Please provide the name of one non-relative reference we may contact.

Reference: Relationship:

Email: Phone:

Your signature below indicates that you have read and agree with the following:

- I certify and attest that the above-mentioned information is true and complete to the best of my knowledge.
- I understand that if I am placed, any volunteer work will take place only at the assigned location.
- As required by the Commonwealth of Massachusetts, I have completed the two-sided CORI form and provided a copy of a valid passport, driver's license or other government-issued photo ID.

Signature: Date:

Please return to the address above or via email to volunteer@springfieldpublicschools.com.



Human Resources Department
Central Office
1550 Main Street
P.O. Box 1410
Springfield, MA
01103-1410
T - 413.787.7100 Ext. 55351 F-413.787.7211

SPRINGFIELD PUBLIC SCHOOLS - SPRINGFIELD, MASSACHUSETTS

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

The Springfield Public Schools ("SPS") 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, laborers, and volunteers.

As a prospective or current employee, subcontractor, laborer, or volunteer for the position of **Springfield School Volunteer** at **School**, I understand that a CORI check will be submitted for my personal CORI information to the Department of Criminal Justice Information Services (DCJIS).

I hereby acknowledge and provide permission to SPS to submit a CORI check to the DCJIS. I further hereby acknowledge and authorize SPS to receive my CORI information.

This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing SPS written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT AND VOLUNTEER PURPOSES ONLY: The SPS may conduct subsequent CORI checks within one year of the date this Acknowledgement Form was signed by me, provided, however, that SPS must first provide me with written notice of any subsequent CORI check.

Please check the box below to identify how you would like a copy of your CORI to be sent to you if SPS is required to provide you with a copy:

First Class Mail to my current address listed on page 2 of this Acknowledgement Form

E-Mail to the following e-mail address:

As required by the Commonwealth of Massachusetts, please submit a copy of a valid passport, driver's license or other government-issued photo ID along with this CORI form to establish proof of identity.

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.

Signature

Date

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required fields.

* First Name: Middle Initial:
Last Name: Suffix (Jr., Sr., etc.):

Enter Maiden Name (or other names(s) by which you have been known) below

Former Name 1:
Former Name 2:
Former Name 3:

* Date of Birth (MM/DD/YYYY): Place of Birth:

* Last SIX digits of Social Security Number: - - (If you do not have a SSN, enter 00 - 0000)

Sex: Height: ft. in. Eye Color: Race:

Driver's License or ID Number: State of Issue:

Father's Full Name:

Mother's Full Maiden Name:

Current Address

* Street Address:

Apt. # or Suite: *City: *State: *Zip:

Phone Number: Email Address:

Former Address

* Street Address:

Apt. # or Suite: *City: *State: *Zip:

***** DO NOT WRITE BELOW THIS LINE *****

SUBJECT VERIFICATION- Central Office ONLY

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name, Position, and Employer of Verifying Employee

Signature of Verifying Employee

Date