

SOLICITUD DE VOLUNTARIADO

INFORMACIÓN PERSONAL

<input type="text"/>				Género <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="text"/>
Título	Nombre	Inicial	Apellido	M	F	X	Fecha de Nacimiento
							(X = Prefiero no revelar)
<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>
Dirección				Ciudad		Estado Código Postal	
<input type="text"/>			<input type="text"/>		<input type="text"/>		
Correo Electrónico			Teléfono		Idioma Secundario		

INTERESES

En que escuela(s) será voluntario:

Qué tipo de trabajo voluntario hará en la escuela:

- Acompañante de viaje de escuela:
Nombre y grado de su hijo
- Asistente de clase:
Nombre de maestra, Grado, Numero de Clase
- Organización de padres y maestros (PTO)
- Entrenamiento de deportes
- Otro solicitud:

AUTORIZACIÓN

Su firma abajo indica que ha leído y está de acuerdo con lo siguiente:

- La información anterior es verdadera y completa.
- Entiendo que cualquier trabajo voluntario se llevará a cabo solo en la ubicación asignada.
- He completado un formulario verificación de antecedentes (CORI) y proporcioné una copia de un pasaporte válido, licencia de conducir o otra identificación con foto emitida por el gobierno.

Firma: Fecha:

Si desea que notifiquemos a otra persona sobre su estado verificación de antecedentes (CORI), proporcione su nombre y correo electrónico:

**** Devuelva la solicitud de voluntariado, el formulario verificación de antecedentes (CORI) y la prueba de identidad a la dirección anterior o escanee y envíe por correo electrónico a 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

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: XXX - - (If you do not have a SSN, enter 00 - 0000)

Sex: Height: ft. n. 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