



Beverly Bootstraps Community Services Volunteer Information

Thank you for your interest in volunteering with us. Please provide the following information. All information will remain confidential.

**It is Beverly Bootstraps Community Services policy that clients are unable to volunteer.*

Please see the Volunteer Coordinator for other volunteer organizations throughout the North Shore.

General Information

Name: _____ Today's Date: _____ DOB: _____

Phone: _____ Additional Phone: _____

Address: _____ City: _____ Zip: _____

Please answer the following:

Email: _____

Do you have a: CAR VAN TRUCK SUV STATION WAGON NO VEHICLE

Can you lift a 40 lb. bag/box? __ YES __ NO

How did you hear about Beverly Bootstraps Community Services? _____

Background Information

Employment

Occupation: _____ Employer: _____

Work experience/history: _____

Education

Educational Background: _____

Do you speak any languages other than English? _____

Volunteer Experience

Have you volunteered before? If so, where? _____

Description of Duties: _____

In case of an emergency please list the name and number of the person you would like us to contact

Which Programs, if any, are you most interested in volunteering with?

Thrift Store Food Pantry Literacy Youth & Technology Homework Club

ESL GED Administrative Seasonal Fundraising Events Other: _____

On average, how many hours could you commit each week/month? _____

Are there any days/time slots that you prefer to volunteer?

M _____ Tu _____ W _____ Th _____ F _____ Sa _____

Have you ever used any of Beverly Bootstraps programs/services (Food Pantry, Outreach Services, Education Services, etc) *please circle* YES NO

If you are interested in working with any of our youth, or protected population programs, please provide two references that we may contact:

	Name	Phone Number	Relationship
1.			
2.			

IF YOU ARE 17 OR OLDER, PLEASE FILL OUT THE ATTACHED CORI REQUEST FORM.

Confidentiality Agreement

I agree that the names and addresses of clients and donors of Beverly Bootstraps Community Services, Inc. will remain confidential and will not be used for any other purposes other than that required by Beverly Bootstraps Community Services, Inc.

Date: _____ Signature: _____

Media Release

I hereby give my consent that Beverly Bootstraps Community Services may use any photographs, videos, audio recordings, or quotes of myself obtained during any Beverly Bootstraps Community Services programs or events.

Signature: _____ Date: _____

(If volunteer is under 18 years of age, Parent or Guardian signature needed for media release.)

Statement of Non-Discrimination:

Beverly Bootstraps Community Services believes that one of the great strengths of community is the rich diversity of its residents in race, religion, national origin, ethnicity, gender, sexual orientation, gender identity and expression, marital status, age, height, weight and physical ability. Beverly Bootstraps Community Services affirms publicly its moral and legal commitment to a policy of equal opportunity and non-discrimination.

PLEASE DROP OFF APPLICATION at: 371 Cabot Street, Beverly, MA 01915 and bring a Government issued ID (Drivers License, ID Card). Per Mass Law 201 CMR 17.00, DO NOT EMAIL: contains personal information vulnerable to identity theft online.



BEVERLY BOOTSTRAPS COMMUNITY SERVICES

371 Cabot Street Beverly MA 01915
Phone 978-927-1561 Fax 978-927-1553
www.beverlybootstraps.org

*BEBFP
FE214*

CHAPTER 6, §172H CORI REQUEST FORM

Beverly Bootstraps Community Services 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 staff and volunteers.

APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (PLEASE PRINT BELOW)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER ID THEFT INDEX PIN #
(requested but not required) (if applicable)

MOTHER'S MAIDEN NAME:

CURRENT AND FORMER ADDRESSES:

SEX: HEIGHT: ft. in. WEIGHT: EYE COLOR:

STATE DRIVER'S LICENSE NUMBER:

***** STAFF USE ONLY *****

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.
All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.