Chelmsford Library - Volunteer Application  

Date: ____________

Adults: Please return application to Jessica FitzHanso, Assistant Director

Applications can be dropped off at the Chelmsford Public Library  
25 Boston Road, Chelmsford, MA 01824 or fax to: 978-256-8511

Teens: Please use the teen application available at chelmsfordlibrary.org/teens/volunteer

The Library cannot guarantee assignments for every applicant. We encourage you to attend the Volunteer Fair in March and to visit www.chelmsfordvolunteers.org

Name: __________________________________________

Phone: (home) _____________________ (cell) _____________________

Address: __________________________________________

Email: (Required) __________________________________________

Are you a student now? Yes  No  

Grade completed: ____________

School: __________________________________________

If this is for court-required service, how many hours do you need? ____________

Job Experience: (use reverse side if necessary or attach resume)

Person to notify in case of emergency: ________________________________

Their phone and address, (phone) ________________________________  
(address if different from yours):

______________________________________________________________

Please circle the days and hours you are available:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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</thead>
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<tr>
<td>Mornings</td>
<td>Afternoons</td>
<td>Evenings</td>
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Special Skills (languages spoken, proof reading, web design, artistic or musical skills/talent, decorating, etc.) __________________________________________

Where do you prefer to work? (circle one)

Main Library    MacKay Library    No preference
Jeanne Parziale  
Human Resources Director  
Office of the Town Manager  
50 Billerica Road  
Chelmsford, MA 01824-2777  
(978) 250-5288  
Fax: (978) 250-5252

CORI REQUEST FORM

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

__________________________________________
Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

DATE: ____________

LAST NAME ____________ FIRST NAME ____________ MIDDLE NAME ____________

MAIDEN NAME OR ALIAS (If Applicable) ____________ PLACE OF BIRTH ____________

DATE OF BIRTH ____________ SOCIAL SECURITY NUMBER ____________

MOTHER’S MAIDEN NAME ____________ FATHER’S NAME ____________

CURRENT ADDRESS: ____________________________________________________________
FORMER ADDRESS: _____________________________________________________________

SEX: _______ HEIGHT: _____ft. _____ in. WEIGHT: _______ EYE COLOR: _______

STATE DRIVER’S LICENSE NUMBER: _____________________________________________
(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: ________________________

REQUESTED BY: __________________________________________
Signature of Human Resources Director - CORI Authorized Employee

*The CHSB Identity 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.