## 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 <u>chelmsfordlibrary.org/teens/volunteer</u>

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 ne	ow? Yes No	Grade cor	npleted:			
School:						
If this is for court-re	equired service, ho	w many hours do	o you need?			
Job Experience: (use reverse side if necessary or attach resume)						
Person to notify in c	ase of emergency:					
<b>Their phone and ad</b> ( <i>address if different f</i>						
	· · ·					
Please circle the day.	s and hours you are	available:				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	Mornings	After	noons	Evenings		
Special Skills (langu decorating, etc.)	0 1 1					
Where do you prefe	r to work? (circle o	one)				
	Main Library	MacKay	Library	No prefere	nce	



**Office of the Town Manager** 50 Billerica Road Chelmsford, MA 01824-2777

(978) 250-5288 Fax: (978) 250-5252

## **CORI REQUEST FORM**

Jeanne Parziale

Human Resources Director

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/Empl	loyee Signature
AP	PLICANT/EMPLOYEE INF	ORMATION (PLEASE PRINT)
DATE:		
LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR ALIAS (If Appli	cable) PLA	CE OF BIRTH
DATE OF BIRTH	OCIAL SECURITY NUMBI	ER
MOTHER'S MAIDEN NAME		FATHER'S NAME
SEX: HEIGHT:ft	in. WEIGHT:	EYE COLOR:
STATE DRIVER'S LICENSE NUMBER:		
***THE INFORMATION WAS VERIFIE		sue) G FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC
REQUESTED BY:		
e		- 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.