

Chelmsford Library - Volunteer Application

Date: _____

Adults: Please return application to Vickie Turcotte, Volunteer Coordinator

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: _____ **Date:** _____

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:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Mornings	Afternoons		Evenings	

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.