



RECREATION COMMISSION
FRIENDS OF SCITUATE RECREATION, INC.

600 CHIEF JUSTICE CUSHING HWY.
SCITUATE, MASSACHUSETTS 02066
TEL: (781) 545-8738
FAX: (781) 545-6990



Dear Prospective Volunteer:

There are three steps to the volunteer application process.

Step One:

To review the information sheets attached

Step Two:

Complete and return the following forms to the Recreation Department by **March 7th, 2024**

- Please use postal mail or drop-off at the Recreation Department
- *Volunteer Application (should be completed by applicant only)*
- *CORI Form (Required for ALL Student Volunteers)*
 - *Attach a copy of your student identification (School ID or Passport)*
 - *Include last 6 digits of the applicant's Social Security number*
- Three adult references (Cannot be relatives)

Step Three:

Please watch your **emails** for the mandatory volunteer meeting before the start of Summer 2024

Step Four:

In order to receive credit for your **Community Service Hours**: it is your responsibility to obtain the appropriate paperwork from the High School Guidance department and have your program director and/or the Recreation department administration sign off on your completed hours. Lastly, it is your responsibility to return the completed form to the Guidance department at the High School you attend.

Sincerely,

Nick Lombardo,
Recreation Director



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Scituate Recreation Department
VOLUNTEER Application
Summer 2024

****To volunteer for Scituate Recreation, you at least need to be entering your freshman year of High School****

To submit your completed application, use postal mail to the address above or
drop-off at the Recreation Department Office,
Submit by March 7, 2024

Today's Date: _____

Name: _____

Volunteer Request: _____

Permanent Address: _____

Primary Phone Number: _____

Email Address*: _____

PAY ATTENTION TO YOUR EMAIL

***Missed Email correspondence may result in loss of employment opportunity**

Date of Birth: _____ / _____ / _____ Age as of June 1, 2024: _____

Educational Institution:

Current School: _____

Grade Entering (2024-2025): _____

Certifications/Awards/Hobbies/Sports (Interests), Past Recreation Experience:

List Three Adult References (Name, Phone Number, Relation - No relatives)

Recreation Training is required for all volunteers. There is a mandatory training towards the end of the school year. Attendance at the meetings is essential to your volunteer position.

Date available to start: _____

T-shirt size: ☐ small ☐ medium ☐ large ☐ x-large ☐ xx-large



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Please take a moment to share the following:

Why do you want to volunteer with us?

*Which programs are you interested in volunteering for and why?
(Please numerically RANK all areas of interest):*

- | | | | | |
|--|---|--|---|-------------------------------------|
| <input type="checkbox"/> Little People | <input type="checkbox"/> Morning Adventure | <input type="checkbox"/> Young People Day | <input type="checkbox"/> Gameday | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Baseball | <input type="checkbox"/> Nautical Mile | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Art | <input type="checkbox"/> Science Program | <input type="checkbox"/> CORSE- All Stars | <input type="checkbox"/> Short Fuse Theatre | |
| <input type="checkbox"/> Maritime Adventures | <input type="checkbox"/> Donato Street Hockey | <input type="checkbox"/> Friday Adventures | <input type="checkbox"/> Early Literacy Lunch Bunch | |

Why? _____

What qualities do you have that you feel will be an asset to the Recreation Department?

The statements made by me in this application are full and true to the best of my knowledge and belief. I understand and authorize that the information provided may be verified, and that any willful misstatement of material facts herein will cause forfeiture on my part of all rights to any employment and or affiliation with the service of the Town of Scituate. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties a civil liability.

Signature _____ Date _____

THE TOWN OF SCITUATE IS AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



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CHAPTER 6 §172H CORI REQUEST FORM- VOLUNTEERS

SCIRD
172HG

PLEASE ATTACH A PHOTO I.D. (Student I.D. or Passport)

Town of Scituate Recreation Department 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 19 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

APPLICANT/VOLUNTEER INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER Identity Theft Index PIN *
(Last 6 numbers required) (if applicable)

CURRENT ADDRESS:

FORMER ADDRESS:

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

STATE DRIVER'S LICENSE NUMBER: _____

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

REQUESTED BY: _____
SIGNATURE OF 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.