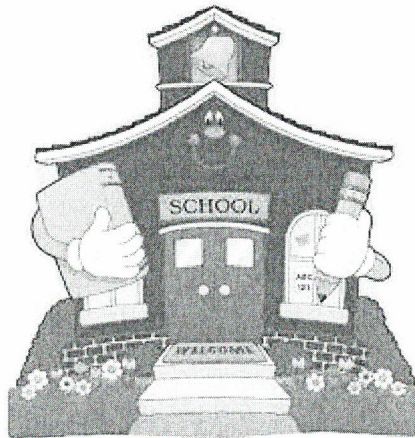


Volunteers Needed for the 2022/2023 School Year



If you are interested in Volunteer work in the
Lowell Public Schools for the 2022/2023 School Year,
please fill out the attached Volunteer Form and the CORI Form. Submit Both
forms along with a government issued picture ID to your
child's current school clerk.

Thank You.

DRUG FREE WORKPLACE

FEDERAL LAW SPECIFIES THAT SCHOOL DISTRICTS WHICH ARE RECIPIENTS OF FEDERAL FUNDS MUST MEET THE REQUIREMENTS OF THE DRUG-FREE WORKPLACE ACT OF 1988. IN ORDER TO MEET THESE REQUIREMENTS IN COMPLIANCE WITH THIS ACT, THE LOWELL SCHOOL COMMITTEE HAS ADOPTED THE FOLLOWING POLICY:

1. The unlawful manufacture, distribution, possession or use of a controlled substance is prohibited, whether or not on school property or while engaged in school business.
2. Violation of laws relative to manufacture or distribution of controlled substances, whether or not on school property or while engaged in school business shall result in suspension and termination proceedings for any convicted employee.
3. Violation of laws relative to possession of controlled substances, whether or not on school property or while engaged in school business shall result in suspension and may result in termination of the employee.
4. An employee convicted of possession of a controlled substance may be offered the opportunity to participate in an approved program of rehabilitation. The Lowell School Department may also allow the employee to resume duties at a point in the program where the approved rehabilitation agency, the Lowell School Department and the employee agree that the resumption of duties would not be affected by the employee's chemical dependency. The Lowell School Department may require a convicted drug user to submit to and allow release to the School Department the results of blood and/or urine tests to determine that the employee is remaining free of illicit chemicals.
5. A second arrest for violation of the controlled drug statutes shall result in further suspension and institution of suspension proceedings by the Lowell School Department.
6. All employees, as a condition of employment, must agree to the terms of this policy statement and are required to report, in writing, to the Superintendent of Schools, any controlled substance conviction arising from any incident in the workplace.
7. The Lowell School Department maintains a Substance Abuse Awareness Resource facility at Lowell high School all employees are encouraged to learn about substance abuse and related problems by reading materials and consulting with staff members at the facility. In-service programs are also offered by the School Department and are available to all employees.
8. Employees who believe that they may have a substance abuse problem, whether with alcohol or with other drugs, are encouraged to seek assistance from a counseling agency. Confidential referrals to such agencies may be made through the Drug Program Education Program Office at 937-8938.
9. Employees and Volunteers who do not live in Massachusetts or have not for the past 10 years, also need to fill out and submit the printed results along with the Lowell CORI an out of State CORI @ www.sentrylink.com there is a fee of \$19.95 for the out of state CORI which is
NOT REIMBURSEABLE.

THIS POLICY WAS ADOPTED BY THE LOWELL SCHOOL COMMITTEE ON MAY 10, 1989.

**LOWELL PUBLIC SCHOOLS
LOWELL, MASSACHUSETTS**

APPLICATION FOR VOLUNTEER SERVICES

At which school(s) do you wish to volunteer?

WANG

Name _____
Last First Middle

Address _____

Contact Telephone # _____

What is your relation or connection to the school: _____

	Student/Partner Reading		Field Trip Chaperone		PTO sponsored events
	Classroom Helper		Overnight Chaperone		Book fair
	Library Assistance		Office Helper		Book swap
	Lunch Room Assistance		Field Day		School Store
	OTHER				

REFERENCES

1. Name _____ 2. Name _____
Position _____ Position _____
Telephone # _____ Telephone # _____

The Personnel Office will contact your listed references for the purpose of verifying recommendations relating to your volunteer application.

The Lowell Public Schools will also be conducting a criminal record check for conviction and pending case data. Please complete the attached **CRIMINAL OFFENDER RECORD INFORMATION (C.O.R.I.) FORM**. The information contained herein is a true and complete statement of my personal record to date.

Signature of Applicant

Date

I also acknowledge that I have received the **DRUG FREE WORKPLACE** Policy as adopted by the Lowell School Committee on May 10, 1989 and that I have read this document.

Signature of Applicant

Date

"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 and civil liability."

Lowell Public Schools
Office of Human Resources
155 Merrimack Street, 4th floor, Lowell, MA. 01852

Student's Name(s): _____

Grade(s): _____

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

WANG

Lowell Public Schools is registered under the provisions of M.G.L. c.6, & 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers. As a prospective or current employee, subcontractor, vounteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Lowell Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for the current school year. By signing below, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate.

Signature

Date

Position

School

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

This CORI will not be processed without all the requested information below

Last Name

First Name

Middle Initial

Suffix

Former Last Name (1)

Former Last Name (2)

Former Last Name (3)

Date of Birth

Place of Birth

--	--	--	--	--	--

Sex

Race

Last Six of Social Security #

REQUIRED

Height: ft / in

eye color

Driver's License or ID #

State

Father's Name (Last)

Father's Name (First)

Mother's Name (Last)

Mother's Name (First)

Mother's Name (Maiden)

Current Street Number and Name

City/Town

State

Zip

Former Street Number and Name

City/Town

State

Zip

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

A legible copy of this ID must be sent to
Personnel to be placed on file.

Verified By: Office of Human Resources,
Personenel & Recruitment

Student's Name(s):

Grade(s):

