

**LOWELL PUBLIC SCHOOLS
LOWELL, MASSACHUSETTS**

APPLICATION FOR VOLUNTEER SERVICES

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

LINCOLN

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

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

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

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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,
Personnel & Recruitment

