



# Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

## VOLUNTEER LEADERSHIP PROGRAM

(Must be 14 years of age or older)

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street Town Zip

E-mail \_\_\_\_\_

**Please specify where you wish to volunteer by checking the program in bold print.**

<input type="checkbox"/> <b>Basketball Program</b>	<input type="checkbox"/> <b>Sunshine Center</b>	<input type="checkbox"/> <b>Other</b> _____
<input type="checkbox"/> <b>Skyline Programs</b>	<input type="checkbox"/> Sess 1	_____
<input type="checkbox"/> <b>Swim Aid</b>	<input type="checkbox"/> Sess 2	_____
	<input type="checkbox"/> Sess 3	_____

Please list below any specific training that you have received that would help you in this position. (i.e., educational courses, workshops, etc.)

Type Of Training/Certified Skills	Year
_____	_____
_____	_____
_____	_____

Please list the certified skills that you have for the position you have applied. (i.e. CPR, First Aid, Swim Skill, Sign Language, etc.)

\_\_\_\_\_

\_\_\_\_\_

Have you any previous experiences in this program or others related to the position you are applying for? If so, list each position, year and reference.

Type Of Service	Reference	Telephone #	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I volunteer to assist in the \_\_\_\_\_ program and will work to the best of my ability.  
I hereby grant the Town of Natick permission to contact my references.

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby give my child permission to volunteer in this program and will assume full responsibility in the event that any injury may occur.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If under 18 years)

**Emergency/Medical Information on back must be filled out completely**

**EMERGENCY/MEDICAL INFORMATION**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade **Entering** • Fall 2014 \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Work # (\_\_\_\_\_) Cell # (\_\_\_\_\_) \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Work # (\_\_\_\_\_) Cell # (\_\_\_\_\_) \_\_\_\_\_

**Emergency Contacts • Other Than Parent (State Regulations Mandate 2 Contacts)**

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

**Insurance Information**

Health Plan/HMO: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

**IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED NO LATER THAN JUNE 1**

Please check here if your child will need medication(s) to be administered during the Program

Name of Medications: \_\_\_\_\_

**Parental Consent, Release from Liability and Indemnity Agreement**

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, parent or guardian)



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## COMMONWEALTH OF MASSACHUSETTS SEX OFFENDER REGISTRY BOARD

### REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's Name: \_\_\_\_\_ Jonathan Marshall

Address: \_\_\_\_\_ 1500 Worcester Road • #219  
\_\_\_\_\_ Framingham, MA 01702

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requested by: \_\_\_\_\_ Jonathan Marshall \_\_\_\_\_ Jonathan Marshall, Director • NRPD  
Signature of SORI Authorized Employee

I hereby request that the following information be used to determine whether the individual identified below is a sex offender required to register in Massachusetts.

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### COMPLETED FORM MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT

Subject's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(\*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)

Address: \_\_\_\_\_  
Please DO NOT use PO Box Numbers  
\_\_\_\_\_  
Town, State and ZIP

#### Personal Identifying Characteristics:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Other Information (e.g. license plate number, parents' names, etc.): \_\_\_\_\_

#### \*\*\*\*\*WARNING\*\*\*\*\*

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).



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## CORI REQUEST FORM

Natick Recreation and Parks Department 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 \_\_\_\_\_, 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/Volunteer Signature)

**A GOVERNMENT ISSUED PHOTO ID MUST ACCOMPANY THE CORI FORM.**  
**Note: A drivers license, passport or school ID are all acceptable types of photos.**  
**If no picture ID - A Birth Certificate will be accepted**  
**PLEASE DO NOT CUT PICTURES - LEAVE ON 8-1/2 X 11 SHEET**  
**CLASS PICTURES ARE NOT CONSIDERED GOVERNMENT ISSUED PHOTO ID'S**

### EMPLOYEE/VOLUNTEER INFORMATION (PLEASE PRINT IN INK - NOT PENCIL)

\_\_\_\_\_  
Last Name First Name\* Middle Name  
*(\*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)*

Current Address: \_\_\_\_\_  
*Please DO NOT use PO Boxes*

\_\_\_\_\_  
**Applicants** Maiden Name or Alias (If Applicable) **Mothers** Maiden Name

\_\_\_\_\_  
Date of Birth Last 6 Digits of Social Security Number Place of Birth ID Theft Index PIN  
*(Required by Massachusetts Dept of Criminal Justice)* (Town/City) (If Applicable)

Sex: M  F  Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Former Addresses: \_\_\_\_\_  
**Street (Please DO NOT use PO Boxes) Town ST Zip**  
\_\_\_\_\_  
**Street (Please DO NOT use PO Boxes) Town ST Zip**

State Driver's License Number: \_\_\_\_\_  
State Number

Requested by: \_\_\_\_\_  
*Jonathan Marshall, Director* Jonathan Marshall, Director • NRPD  
Signature of CORI Authorized Employee

**COMPLETED FORM w/PHOTO ID MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT**

**Staff Use Only**  
The above information was verified by reviewing the following form of *government issued photographic*  
Identification: \_\_\_\_\_  
ID Type Staff Initials Date