

Capen Hill Nature Sanctuary

Under the auspices of Capen Hill Nature Association, Inc.
P.O. Box 218, 56 Capen Road, Charlton City, MA 01508 (508) 248-5516

Volunteer Application

(Please mail to above address)

Please complete this form fully and accurately. Please Print

First Name: _____ M.I. ____ Last Name: _____
Mailing Address: _____ Town: _____ State: _____ Zip: _____
Date: _____ Home Phone: _____ Cell Phone: _____

What kind of volunteer work are you interested in? **Jr. Counselor**

Availability Date: **List session or sessions.**

Date of Birth _____

Educational History

College or University	Major	Dates	Average Grades	Graduated or years completed.
High School				
Other Education Courses Taken				

List other courses or lessons taken: _____

Specify any previous experiences with childcare: _____

Do you hold any current certification in the following areas?

First Aid _____ CPR _____ Swimming _____ Lifesaving _____ EMT _____

List all musical abilities, hobbies, talents, work experience etc. _____

Briefly state why you would like to work for Capen Hill Nature Sanctuary:

List 3 references not related to you (no family members or relatives).

Name	Address	Phone #



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CHAPTER 6, §172G CORI REQUEST FORM

Capen Hill Nature Sanctuary is requesting all available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

_____-_____-_____
SOCIAL SECURITY NUMBER
(Requested but not required)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES: _____

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

STATE DRIVER'S LICENSE NUMBER: _____

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

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE