

# 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  
Fax # 508-461-9043

## Volunteer Application

(Please mail to above address, fax or e-mail to [capenhill@charter.net](mailto:capenhill@charter.net))

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/Parent Volunteer**

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

Date of Birth \_\_\_\_\_ Email Address: \_\_\_\_\_

### Educational History

College or University	Major	Dates	Average Grades Optional	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 #





# 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

## CHAPTER 6, §172G CORI REQUEST FORM

Capen Hill Nature Association, Inc. 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)

---

LAST NAME

FIRST NAME

MIDDLE NAME

---

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

---

DATE OF BIRTH

SOCIAL SECURITY NUMBER  
(Requested, not required)

ID Theft Index PIN \*  
(if applicable)

---

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

---

---

**Please attach a copy of a photo I.D. (license etc.)**