



Office Use Only: _____ Fernando _____ Safety Training			
Admin: _____ ICORI	_____ ESORI	_____ Veriscreen	_____ CAM List
Type: ___ Volunteer Program Driver (Driver's license attached) ___ Volunteer Athletic Program/Coach			
___ Volunteer General/Program ___ Volunteer Summer Program ___ Trustee ___ Employee			

Consent & Waiver

I understand and have agreed to participate as a volunteer and have read and understand my responsibilities to be performed in order to provide a safe environment for the members of the Nantucket Boys & Girls Club.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in fulfilling my duties as a volunteer. I also hereby give permission to the Nantucket Boys & Girls Club to use my name and any photograph, likeness or image taken of me during ~~the~~ **an** event in any promotional materials, publication, website or social media.

It is my further understanding that the Nantucket Boys & Girls Club reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner that could jeopardize the safety of oneself or others.

I agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize **educational institutions, employers and references listed above** to give you any and all information concerning my education, employment and fitness to work with children and young people. I further agree to release and hold harmless the Nantucket Boys & Girls Club, institutions and references **listed above** and any law enforcement agency, from all liability and damage that may result from furnishing this information to the Nantucket Boys & Girls Club.

I certify that all of the answers on this application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

Note to potential volunteer: This Volunteer Application will be given every consideration but the receipt of this application by the organization does not imply that the applicant is automatically considered a Volunteer of the Nantucket Boys & Girls Club. Being accepted as a Volunteer will be based upon meeting the needs of the organization and what is in the best interest of the members and the Nantucket Boys & Girls Club.

Signature: _____

Date: _____

Parent's signature is required for volunteers under 18 years of age:

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Nantucket Boys & Girls Club

Background Investigation Consent

I, _____, hereby authorize Nantucket Boys & Girls Club and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police record, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be materials to my qualification for employment or volunteering now and, if applicable, during the tenure of my employment with Nantucket Boys & Girls Club.

I release Nantucket Boys & Girls Club and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above references sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (PRINTED)

Maiden Name or Other Names Used

Present Address

Town/City State Zip code

Former Address Dates

Town/City State Zip code

Date of Birth Social Security Number Driver's License Number State of License

Phone Number Email Address

Signature Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Nantucket Boys & Girls Club is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

Commonwealth of Massachusetts
Sex Offender Registry Board
M.G.L.c.6, § 1781 REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All request for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 392, N Billerica, MA 01862, along with a self-addressed stamped envelope or scanned as PDF and emailed to SORI.SORI@MASS.GOV.

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.*

SORB USE ONLY

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

***Requestor's name:** Nichole Olson

Date of birth: _____

***Organization name: (if any)** Nantucket Boys & Girls Club

***Address:** 61 Sparks Ave, Nantucket MA 02554

***Telephone number:** (508)228.0158

***Email Address:** nolson@nantucketbgc.org

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.

Requestor's signature: _____ **Date:** _____

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

Subject's LAST NAME:

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Subject's FIRST NAME:

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

Subject's MIDDLE INITIAL:

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Date of birth or approximate age:

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 AGE

Address (PRINT): _____

Personal identifying characteristics:

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Other information (e.g. license plate number, parents' names, etc.): _____

If additional information is needed, please contact the Requestor at the telephone number above.

*****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 – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) 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).

SOR Form 4 (06/20)