



# Boys & Girls Clubs of Boston

*Changing our world, One kid at a time.*

## VOLUNTEER/WORK STUDY APPLICATION

(must be at least 18 years old)

Date \_\_\_\_\_

Name *Mr. Mrs. Ms. Miss* \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Company/School \_\_\_\_\_

Profession/Major \_\_\_\_\_

Date of Birth \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year – optional)

Education/Special Training \_\_\_\_\_

Other Languages \_\_\_\_\_

How did you hear about BGCB's need for volunteers? \_\_\_\_\_

Relationship, if any, to BGCB (*member, parent, neighbor, alumni, etc.*) \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

Related work experience \_\_\_\_\_

Other relevant skills/hobbies/interests \_\_\_\_\_

Please list three words you would use to describe yourself \_\_\_\_\_

Why are you interested in volunteering with kids? \_\_\_\_\_

What do you hope to get out of volunteering? \_\_\_\_\_

Describe a particularly fulfilling work experience, paid or unpaid \_\_\_\_\_

over →

In order to facilitate placement, it would help us to know the following:

I am interested in volunteering at the following clubhouse(s):

- Clubhouses:
- (BH)** Blue Hill Avenue Clubhouse   
15 Talbot Avenue  
Dorchester, MA 02124
  - (CT)** Charlestown Clubhouse   
15 Green Street  
Charlestown, MA 02129
  - (CH)** Jordan Clubhouse   
30 Willow Street  
Chelsea, MA 02150
  - (RX)** Roxbury Clubhouse   
115 Warren Street  
Roxbury, MA 02119
  - (SB)** South Boston Clubhouse   
230 West Sixth Street  
South Boston, MA 02127

Programs/Dept.: **Education** (e.g., tutoring, computers, science lab, career guidance)  
**Physical Education** (e.g., referee, lifeguard, coach, weights, gym games)  
**Social/Cultural** (e.g., arts & crafts, dance, photography, music, video)

Preferred Programs	Days	Times	Age Groups		
			6-9	10-12	13-17
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

New/Unlisted programs or skills you would like to offer? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please mail this completed form to:

Coordinator of Volunteers  
 Boys & Girls Clubs of Boston  
 50 Congress Street, Suite 730  
 Boston, MA 02109  
 (617) 994-4700



# Boys & Girls Clubs of Boston

*Changing our world, One kid at a time.*

## PERSONAL REFERENCE FORM

Date \_\_\_\_\_

Name of Potential Volunteer \_\_\_\_\_

Name of Reference \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Please describe the capacity in which you know applicant \_\_\_\_\_

\_\_\_\_\_

What three words would you use to describe the applicant? \_\_\_\_\_

\_\_\_\_\_

Do you feel this applicant is suitable to work with children? Why? \_\_\_\_\_

\_\_\_\_\_

Please speak to the reliability/dependability of the applicant as relates to this volunteer position \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Strengths and limitations of applicant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for your time in completing this form. Please return to:*

*Coordinator of Volunteers  
Boys & Girls Clubs of Boston  
50 Congress Street, Suite 730  
Boston, MA 02109  
(617) 994-4700*



# Boys & Girls Clubs of Boston

*Changing our world, One kid at a time.*

## PERSONAL REFERENCE FORM

Date \_\_\_\_\_

Name of Potential Volunteer \_\_\_\_\_

Name of Reference \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Please describe the capacity in which you know applicant \_\_\_\_\_

\_\_\_\_\_

What three words would you use to describe the applicant? \_\_\_\_\_

\_\_\_\_\_

Do you feel this applicant is suitable to work with children? Why? \_\_\_\_\_

\_\_\_\_\_

Please speak to the reliability/dependability of the applicant as relates to this volunteer position \_\_\_\_\_

\_\_\_\_\_

Strengths and limitations of applicant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for your time in completing this form. Please return to:*

*Coordinator of Volunteers  
Boys & Girls Clubs of Boston  
50 Congress Street, Suite 730  
Boston, MA 02109  
(617) 994-4700*



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: SANDRA MACHSON Date of birth: \_\_\_\_\_  
Address: BOYS AND GIRLS CLUBS OF BOSTON Telephone number: 617-994-4700  
50 CONGRESS ST, SUITE 730  
BOSTON MA 02109

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: Sandra Machson 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 name: \_\_\_\_\_

Date of birth or approximate age: \_\_\_\_\_

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

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).**