



1034 East Washington Street, Hanson, MA 02341 • Phone: 617.529.9166 • Fax 781.924.1225  
info@promangels.org • www.promangels.org

**PROVIDING DIGNITY & FUN FOR PEOPLE OF ALL ABILITIES.**

## VOLUNTEER APPLICATION FORM

**This form** along with a **CORI form** must be completed and signed by all volunteers.

The Prom Angles Foundation is unable to process incomplete forms and this may result in a delay of your appointment as a volunteer. Please feel free to contact us with questions.

Please scan or email along with ID to [kcmckenna@promangels.org](mailto:kcmckenna@promangels.org). If you are a first time volunteer you must meet with Kevin McKenna for CORI interview. Please check [www.promangels.org](http://www.promangels.org) for more details.

### Select an event you would like to volunteer

Please check available events on [www.promangels.org](http://www.promangels.org).

**Annual Prom**  
Please check event availability on [www.promangels.org](http://www.promangels.org).

**Annual Halloween Party**  
Please check event availability on [www.promangels.org](http://www.promangels.org).

**Other**  
Please write below.

### Your Availability

Please check event schedule on [www.promangels.org](http://www.promangels.org).

**All Day**  
Please check event schedule on [www.promangels.org](http://www.promangels.org).

**Event Setup Only**  
Please check event schedule on [www.promangels.org](http://www.promangels.org).

**Event Only**  
Please check event schedule on [www.promangels.org](http://www.promangels.org).

### Biographic Information

All applicable fields are required.

First Name

Middle Name (Optional)

Last Name

Address

City

State

Zip Code

Cell Phone

Home Phone

Email Address

Occupation

Student

Yes  No

Name of Your School (if student)

Yes, I will need a **Confirmation of Volunteer Service** letter from Prom Angels Foundaiton.

Applicant's Name

Your Signature

Date



THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
 Department of Criminal Justice Information Services  
 200 Arlington Street, Suite 2200, Chelsea, MA 02150  
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
 MASS.GOV/CJIS



## Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

**Prom Angels Foundation** is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Prom Angels Foundation** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature.

I may withdraw this authorization at any time by providing **Prom Angels Foundation** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The **Prom Angels Foundation** may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that **Prom Angels Foundation** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verified by:

\_\_\_\_\_

*Print Name of Verifying Employee*

\_\_\_\_\_

*Signature of Verifying Employee*

\_\_\_\_\_

*Date*