

WORCESTER PIPELINE COLLABORATIVE (WPC)
University of Massachusetts Medical School / Worcester Pipeline Collaborative, RM S1-842B
55 Lake Avenue North, Worcester MA 01655, P: 508.856.2417, F: 508.856.6040

WPC Volunteer/Mentor Application

Please complete all of the questions on the application. All information is handled in a confidential manner and utilized for grant reporting purposes only.

Please Print

Name (First, Last): _____ Social Security # _____
Address (#, Street, City, State, Zip): _____
Daytime Phone (area code +): _____ Fax (area code +): _____
Email Address: _____

Do you speak any foreign languages? _____ Which? _____

Sex (check one): Male Female **Race**(check one): Black Asian Native American White

Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> West Indian/Caribbean |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Mexican American/Chicano | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Cape Verdean |
| <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Native American | |

Volunteer/ Mentor Interest and Related Questions:

What grade level(s) of students would you prefer to work with? _____ Any specific school? _____
What skills are you interested in sharing? _____

What day of the week and time are you available? (Also circle your first preference):

- | | | |
|---|--|--|
| <input type="checkbox"/> Monday / Time: _____ | <input type="checkbox"/> Tuesday / Time: _____ | <input type="checkbox"/> Wednesday / Time: _____ |
| <input type="checkbox"/> Thursday / Time: _____ | <input type="checkbox"/> Friday / Time: _____ | |

How did you hear about the WPC Program?

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Professional Organization | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Other, please explain _____ | | |

Are you a member of any specific group of volunteers or professional associations (i.e. Jr. Achievement/Occupational Therapy Honor Society) whose activities or mission would enhance the academic goals of students? _____ Please Specify _____

Are you presently a student? _____ Where? _____
Area of study: _____ Year of study: _____ Anticipated graduation date: _____
Would you also like to have a mentor? _____

Employment History:

Employer, Address, Position/Title/Dept

1. _____
Responsibilities _____

Employer, Address, Position/Title/Dept

2. _____
Responsibilities _____

Employer, Address, Position/Title/Dept

3. _____
Responsibilities _____

In accordance with the Worcester Pipeline Collaborative of the Worcester Public Schools, I understand that part of the application process includes completion of a CORI application process and obtaining and representing documentation for tuberculosis screening**. By signing, you are attesting that all information supplied is true.

Signature: _____

Please fax the completed Volunteer/Mentor Application and CORI to 508.856.6040 or mail to the address on the front of this application.

**TB testing may be offered through your college / place of employment / your own physician, or you may utilize the tuberculosis clinic at the City of Worcester Health Department by appointment only on Monday and Tuesday mornings. As of July 2007 a \$15 fee is required. To pre-register for a test, call 508.799.8555. Please obtain documentation of your test results and fax / mail those to the WPC as well.

WPC staff use only

Start date: _____ School: _____ Grade: _____

Activity: _____

WORCESTER PUBLIC SCHOOLS



Dr. John E. Durkin Administration Building
20 Irving Street
Worcester, Massachusetts 01609-2493
Telephone: (508) 799-3021 Fax: (508) 799-8280

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This request is submitted by: Department/ School/ Collaborative _____

CORI REQUEST FORM

Worcester Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for convictions, non-convictions and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

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	_____ Mother's Maiden Name

Current and Former Addresses: _____

Sex: _____ Height: ___ ft. ___ in. Weight: _____ Eye Color: _____

State Driver's License Number: _____

IN ORDER FOR THIS CORI TO BE PROCESSED, A COPY OF A MASSACHUSETTS ID MUST BE ATTACHED.

PLEASE DO NOT WRITE BELOW THIS LINE

*****The above information was verified by reviewing the following form of government issued photographic Identification: _____

Requested by: _____
Signature of CORI AUTHORIZED EMPLOYEE

WHY A CRIMINAL OFFENDER RECORDS INFORMATION (CORI) CHECK?

In order to protect the welfare of our students, and in accordance with the M.G.L. c.71 §.38R, all candidates for, and current occupants of, positions which have the potential for direct and unmonitored contact with WPS students, including, but not limited to teachers, teachers aides, school nurses, counselors, coaches or other extracurricular staff or supervisors, food service employees, custodians and transportation providers. This also includes volunteers, interns, student teachers or other persons regularly offering support to any school program or facility, whether paid or unpaid. This CORI check will be done every three (3) years.

HOW DO I GAIN ENTRY TO A SCHOOL?

In order to be in the schools, individuals (students, faculty, and administrators) from outside institutions must complete a registration process, as follows:

1. Fill out the CORI form on the reverse side of this page so that a CORI check can be done by the Criminal History Systems Board in Boston. Return the form to:

**Human Resource Manager
Worcester Public Schools
20 Irving Street
Worcester, MA 01609**

The Worcester Public Schools will maintain a current data base of all applicants who have been approved or whose approval is pending which can be accessed by each public school. An individual will be contacted **only** if there appears to be a problem with CORI approval. All information is held in strictest confidence by the Human Resource Manager.

2. On the first visit to the school, verify CORI clearance. You will then complete a brief Registration form which will be kept at the school. Orientation will be provided on-site at the individual school(s). A college ID must be worn at all times when in any Worcester public school.

IS INFORMATION KEPT CONFIDENTIAL?

The CORI process is covered under Massachusetts Law and the statute contains strict language regarding confidentiality: "...any willful, unauthorized dissemination of the CORI may subject the offending agency or individual to a fine of \$5,000 and/or up to one year in a House of Correction, in addition to Civil penalties." Within the Worcester Public Schools, CORI information is kept in a confidential file. The Worcester Public Schools is very diligent in not releasing CORI information to anyone other than the specific individual on whom the CORI was conducted.