Worcester Pipeline Collaborative Volunteer / Mentor Program

- Volunteer Application
- CORI Application
WORCESTER PIPELINE COLLABORATIVE (WPC)
University of Massachusetts Medical School / Worcester Pipeline Collaborative, RM S3-104
55 Lake Avenue North, Worcester MA 01655, P: 508.856.2707, F: 508.856.6540

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): ____________________________ Fax (area code +): __________
Daytime Phone (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: □ African American □ West Indian/Caribbean
□ Puerto Rican □ Haitian
□ Mexican American/Chicano □ Asian/Pacific Islander
□ Non-Hispanic □ Cape Verdean
□ Other Hispanic □ Other ____________________________
□ 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):
□ Monday / Time: ____________ □ Tuesday / Time: _______ □ Wednesday / Time: ____________
□ Thursday / Time: ____________ □ Friday / Time: ____________

How did you hear about the WPC Program?
□ School □ Newspaper □ Brochure
□ Employer □ Professional Organization □ Referral
□ 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? ____________________________ Year of study: ____________ Anticipated graduation date: ____________
Area of study: ____________________________
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: __________________________________ Date: ____________________

Please fax the completed Volunteer/Mentor Application and CORI to 508.856.6540 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 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: __________________________
Outreach Programs and the Worcester Pipeline Collaborative

Volunteer / Mentor Questionnaire

UMass Outreach Programs and the Worcester Pipeline Collaborative encourage, educate, and challenge under-represented and/or disadvantaged students for success in the healthcare and biomedical research professions where they are traditionally under-represented.

Name ____________________________________________

Department _______________________________________

Extension _________________________________________

Email ____________________________________________

Please check one or more area(s) of interest so we may contact you with more information. For details on the volunteer activities listed, please see the Volunteer Activities handout.

☐ Mentor (One-to-One or Group)                    ☐ Host UMMS Tour

☐ Projects Fair Coach / Judge                    ☐ Discussion Panel

☐ Visiting Scientist                             ☐ For Department Supervisors Only:

☐ Speakers Bureau                                ☐ Host Groundhog Shadow Day

☐ Tutor                                         ☐ Host Intern for One Semester

UMass Medical School Office of Outreach Programs and the Worcester Pipeline Collaborative
55 Lake Avenue, North, Room S3-104, Worcester MA 01655

Madelin Rivera, Administrative Assistant II, - P: 508.856.2707
Madelin.bermudezrivera@umassmed.edu

Robert Layne, M.Ed., Dean of Outreach Programs and the Worcester Pipeline - P: 508.856.2417
Robert.layne@umassmed.edu

You may fax this form to 508.856.6540 or send via interoffice mail to the UMMS Outreach Programs address above.
In order to volunteer and/or work in the Worcester Public Schools, an individual must have a criminal background check. Convictions will be reviewed to determine an individual's eligibility to volunteer/work in the Worcester Public Schools. If you have a concern or were not approved, please contact Mark T. Brophy at 508-799-3027 to determine if you are eligible.

This request is submitted by: Department/ School/ Collaborative: Worcester Pipeline Collaborative

For the position of: Volunteer/ Mentor/ Intern

WORCESTER PUBLIC SCHOOLS 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. 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 INFORMATION (Please print)

________________________________________
Applicant/Employee Signature

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 Address: ____________________________________________________________

________________________________________

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.

The person collecting this form must sign below stating the above information was verified by reviewing the attached form of government issued photographic identification.

_________________________ __________________________
(NAME) (LOCATION)