

# 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): \_\_\_\_\_  
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):

- 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? \_\_\_\_\_  
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:** \_\_\_\_\_ **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.

<p><b>WPC staff use only</b></p> <p>Start date: _____ School: _____ Grade: _____</p> <p>Activity: _____</p>
---



# 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Mentor (One-to-One or Group) | <input type="checkbox"/> Host UMMS Tour               |
| <input type="checkbox"/> Projects Fair Coach / Judge  | <input type="checkbox"/> Discussion Panel             |
| <input type="checkbox"/> Visiting Scientist           | For Department Supervisors Only:                      |
| <input type="checkbox"/> Speakers Bureau              | <input type="checkbox"/> Host Groundhog Shadow Day    |
| <input type="checkbox"/> Tutor                        | <input type="checkbox"/> 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](mailto:Madelin.bermudezrivera@umassmed.edu)

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



# WORCESTER PUBLIC SCHOOLS

WORPS  
CH 385 G

20 Irving Street, Worcester, MA 01609-2493  
Telephone: (508) 799-3021

*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)