

Contact Pat Libby
714-451-4612

Seekonk Public Library
Volunteer Application Form

Date: _____ Name: _____

Address: _____

City/Town, State, Zip: _____

Telephone: _____ E-Mail Address: _____

What is the best time to call you? _____

Have you ever volunteered or applied to volunteer for the Library before? _____

Are you being referred by a Library Volunteer or Government Agency? _____

Is this a **Community Service Requirement**? _____

If Yes, please provide:

Agency/Organization Name: _____

Person to contact: _____ Telephone #: _____

Are you a Teen Volunteer (ages 12 - 18)? Considering joining our [Teen Advisory Board!](#)

Do you have a friend or family member who works or volunteers here: _____

If Yes, Please provide their Name & Telephone #:

Name: _____ Telephone #: _____

Please describe any training or experience, you may have, that is relevant to your volunteer interest.

We are required to run Criminal Background Checks

Seekonk Public Library
Volunteer Application Form (cont'd)

Due to the Pandemic, Volunteer Opportunities are currently being limited to the following:

Fundraising

Delivery to the Homebound

Assisting with the New Library Project

However, we are very much interested in your ideas for supporting the Seekonk Public Library, please contact us at friends@seekonkpl.org

Please provide a copy of your driver's license.



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: 617-650-4640 | TTY: 617-650-4606 | FAX: 617-680-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Christina P. Testa, on behalf of the Town of Seekonk is registered under the
(Organization)
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 Christina P. Testa, on behalf of the Town of Seekonk
(Organization)
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 Christina P. Testa, on behalf of the Town of Seekonk
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Christina P. Testa, on behalf of the Town of Seekonk may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
Christina P. Testa, on behalf of the Town of Seekonk, must first provide me
(Organization)
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 Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



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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



VOLUNTEER WAIVER & RELEASE

Volunteer's Name (please print)

Kathleen Hibbert, Library Director
Seekonk Public Library Contact

I am volunteering to participate in the event above. I recognize that this activity may involve physical labor and may carry a risk of personal injury or property damage. I hereby agree to assume all risks, which may be associated with or may result from participation in this event, including those outlined below.

Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless the Town of Seekonk, its officers, employees and agents (collectively referred to hereafter as "the Town"), from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to the Town. I understand and acknowledge that this waiver discharges the Town from any liability or claim that I may have against the Town with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to the Town or occurring while I am providing volunteer services.

Insurance: Further, I understand that the Town does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of the Town in the event of injury or medical expenses incurred by me.

Medical Treatment: I hereby release and forever discharge the Town from any claim which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with the Town.

Assumption of Risk: I understand that the services I provide to the Town may include activities that may be hazardous to me and may result in physical harm, injury, illness or death. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release the Town from all liability.

Photographic Release: I grant and convey to the Town all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by the Town in connection with my volunteer service to the Town.

Other: As a volunteer, I expressly agree that this release is intended to be as broad and inclusive as permitted by the applicable law of the State of Massachusetts and that this release shall be governed by and interpreted in accordance with the applicable law of the State of Massachusetts. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected. I acknowledge that I have fully read this waiver, that I fully understand its terms and the implications of those terms and, by my signature below, I knowingly, intelligently and voluntarily execute this document of my own free will.

By signing below, I express my understanding and intent to enter into this waiver and release of liability willingly and voluntarily.

Name (print)

Signature

Date

FOR ALL MINORS: If the volunteer is under eighteen (18) years of age, the terms and conditions of this waiver and release are agreed to by the volunteer's parent or guardian as evidenced by the parent's or guardian's signature below on behalf of the volunteer.

Name of Parent/Guardian (print)

Signature (Parent/Guardian)

Date