

Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

Karen Partanen Recreation & Parks Director

To:	Arrowhead Day Camp Volunteer Applicant
From	n: Camp Arrowhead Volunteer Coordinator
ubmi here	considered as a Camp Arrowhead Volunteer, ALL of the following information <i>MUST</i> be completed and itted by Thursday, April 16, 2020. Our volunteers work one on one with an assigned camper each week. fore, we have a limited space each week for volunteers. We expect to need between 37 - 42 volunteers week. You will be notified by the end of May regarding your week assignments.
	"Volunteer Application Form" filled out COMPLETELY by Applicant
	Your MOST RECENT (within 18 months of requested sessions end) Physical and Immunization Form (computer printout from physician). Please confirm that your immunizations are current with your health care provider.
	Completed Essay (First year applicants only).
	SORI and CORI Forms (State mandates you include last 6 digits of Social Security # where noted on CORI.)
	MANDATORY PHOTO ID • DO NOT cut the ID/photo - please leave on 8-1/2 x 11 sheet. The State has mandated that we require a Government issued Picture ID of all Volunteer's/CIT's and Staff. (Ex: Drivers License, Passports, Student ID, Alien Reg. Card, Employment Author. Card, US Military ID Card) * Please contact us if you have a question about acceptable ID's.
	Concussion Training Certificate (www.headsup.cdc.gov). Please take the Coaches in Youth Sports Training.
N	ew Volunteer Essay Questions:
	What qualities do you think you can bring to the program to make it better?
	What qualities do you think you can bring to the program to make it better? What experiences, if any, have you had that would be helpful in working with children and adults with special needs?

Please mark these important dates below on your calendar. Attendance is *mandatory* for volunteers.

- Sunday, May 31 <u>New</u> Volunteer Meeting at Cole Center 3:00 5:00 pm
- Thursday, June 25 and Friday, June 26 All Day Training at Arrowhead for All Volunteers.
 Please note Thursday is subject to change to Saturday June 27th depending on school schedules.

Camp Arrowhead

Day Camp

Here at Camp Arrowhead, we work hard with our staff and volunteers to provide a magical summer for kids, teens, and adults with special needs. During the six weeks of camp, we swim, sing songs, put on shows, make crafts, stay active, and work on daily living skills. In order for our program to strive, we rely on our 1:1 volunteer to help bring the energy needed every day. Being a volunteer means you are taking time to help others in need while getting community service hours. To us at Camp Arrowhead, it isn't just about the hours, it is about making sure we are able to provide a fun and eventful six weeks with the help of our volunteers. Don't forget to check the boxes with the weeks you are interested in volunteering and we hope you are able to help us at Camp Arrowhead make the summer magical for all our campers!

Residential Camp

Residential aka Big Res is where we take a group of teens and adults with special needs for a one week overnight experience at Lions Camp Pride in New Hampshire. While we are at Big Res, we run special events, swim, eat lots of food, and hangout. At Big Res, campers and their volunteer are split into four cabins that are supervised by the staff from Camp Arrowhead's day program and Alumni. The schedule is the same as day camp, except we have more events planned throughout the day and even throw in some down time for campers and their volunteers to relax and get to know each other. As well as with day camp, we rely on our 1:1 volunteer to make Big Res possible! If you are interested in Big Res, make sure you check off the box on the application that says Residential! Please note there is limited space in the Residential program and the volunteers are accepted based off of their performance at day camp.



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CAMP ARROWHEAD VOLUNTEER APPLICATION FORM

(Must be going into Grade 9 or above.)

Applications will <u>NOT</u> be accepted without a copy of your <u>MOST RECENT</u> Physical and Immunization Printout dated within 18 Months from your requested camp session END DATE and your completed Essay.

PLEASE NOTE: AS PART OF THE APPLICATION PROCESS,

Name	•	•	Tele	ephone # () Volunteer C	Cell Phone
Address					
E Madi	Street		Town	T Obligation	Zip
E-Mail Va	olunteer's E-mail Pare	nt's E-mo	il (optional)	T-Shirt Size	
	Minimum 2 Week 🛭				
Note: We	need you to check at least 2 weeks for plar			y only receive I c	of the 2 week
You may ir	ndicate total number of weeks you want her	⇒. A b	in ook - secodior in am	ll do our best to c	iccommoda
rooma, m	Missis for Missis of Mosta you Wall New	··	****	1, 40 001 DC31 10 C	iccommodd:
H	ave you volunteered with us in the past?	√	Session number	Dates	Order of Preference
	Yes or No		Week 1	June 29-July 2	~
1,5	see the course and temples are selected to the second temples.		Week 2	July 6-10	
17	you <u>have</u> volunteered with us in the past:		Week 3	July 13-17	
	How many new t-shirts do you need?		Week 4	July 20- 24	
	(1)(2)(3)		Week 5	July 27-31	
		ļ	Week 6	August 3-7	
;		L	Residential	August 16-22	
educational	elow any specific training and/or certified skills that courses, workshops, CPR, First Aid, Skill, Sign Lang ning/Certified Skills	at you h uage, e	nave received that vetc.)	- ,	nis position. (i.e
educational	l courses, workshops, CPR, First Aid, Skill, Sign Lang	at you h uage, c	ave received that vetc.)	- ,	
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educational Type Of Train Swimming A Do you have If so, list eac	courses, workshops, CPR, First Aid, Skill, Sign Lang ning/Certified Skills billity: Confident Swimmer any previous experiences in this program or other h position, year and reference (i.e., babysitting, v	uage, o	confident	Not a Swims	ear
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Swimming A Do you have If so, list eac Type of Serv	courses, workshops, CPR, First Aid, Skill, Sign Lang ning/Certified Skills billity: Confident Swimmer any previous experiences in this program or other h position, year and reference (i.e., babysitting, v	Not Cers rela	confident ted to the position yer work, child care, e	Not a Swimmou are applying for	mer re Dates
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CAMP ARROWHEAD VOLUNTEER GENERAL HEALTH FORM

IMPORTANT: WE STILL REQUIRE AN UP-TO-DATE PHYSICAL AND IMMUNIZATION RECORD ALONG WITH THIS PAPERWORK

Name: Last First			Home Ph			
Date of Birth:/ Ag Home Address:		Middle ——	Sex:	Area Code		F
School:			_ Grade	Entering • Fall 2	020	
Parent Name:						
Parent Name:						
Emergency Contacts • Other Than Parent (State Regula	itions Mandate 2	2 Contacts		•		
1) Name: Relationship: 2) Name:		Telephone	#: [)		
Relationship:		Telephone	#: (
Insurance Information						
Health Plan/HMO:						
Policy or Group #:			,			
IMPORTANT: MEDICATION AUTHORIZATIO						
Please check here if your child will need medication(s) to be ac Name of Medications:						
Parental Consent, Release from the Taylor (City and Large), I hereby consent to my child's par	ticipation in volunt			_		ar activities
or the rown/City and/or Public Schools of Natick (hereinafter "the	Town/City").	•				
I/We also agree to forever RELEASE the Town/City, a municipal c of Natick, the School Committee, and all their employees, of organizations assisting or participating in voluntary athletic, recre ("the Releasee's") from any and all claims, actions, rights of action and attorney's fees that may have arisen in the past, or may arise to my child or property damage resulting from my child's particip program or extra-curricular activity which I/We may now or here minor child has or hereafter may acquire, either before or after re	ficers, agents, boo eatlon programs or and causes of action in the future, direct ation in the said To eafter have as the	ard members extra-curricu on, damages ily or indirectly	s, voluntee vlar activitie s, costs, loss ly, from kno vor Public S	ers and any and es of the Town/C of services, expe own and/or unkno- ichool's voluntan	all indivity or Pub inses, cor own perso	riduals and olic Schools opensation onal injuries
I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD Hodescription that may have been asserted in the past, or may be attorney's fees, arising from personal injuries to my child or propert Schools of Natick voluntary athletic, recreation programs or extra	oe asserted in the v damage resulting	future, direc a from my chi	tly or indire ild's particie	ectly, including c	amagee	coete and
I/We further affirm that I/We have read this Parental Consent, Recontents of this Agreement. I/We understand that my child's part choose not to participate in said programs. By signing this agreem Town/City and/or Public School's athletic, recreation programs or to anyone for personal injuries and/or property damage my chil recreation programs or extra-curricular activities.	elease From Liability icipation in these p nent, I/We affirm the extra-curricular ac	y And Indem programs is vo at I/We have tivities with fo	nity Agree oluntary an decided t	ment, and that I, Id that my child o o allow my child	and I/We to partici	are free to
I realize injuries can occur from participation in sports and other hereby grant permission to the attending physician to adminis necessary or advisable.	activities, Should m ter anesthesia, me	ny child be t dical, x-ray	aken to the and surgic	e hospital for em al procedures a	ergency s may b	purposes, l e deemed
I understand that every reasonable attempt will be made to cont	act me in an emer	gency.				
Signature (If under 18, parent or guardia	n)		Date _			



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Volunte	eer			Paid S	taff
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COMMONWEALTH OF MASSACHUSETTS SEX OFFENDER REGISTRY BOARD

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board. All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution. Requestor's Name: Karen Partanen 179 Boden Lane Natick, MA 01760 I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody. Requested by: Karen Partanen, Director. Karen Partanen • Director • NRPD Signature of SORI Authorized Employee I hereby request that the following information be used to determine whether the individual identified below is a sex offender required to register in Massachusetts. ************* COMPLETED FORM MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT Subject's Name: Date of Birth: / / (*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES) Address: _ Please DO NOT use PO Box Numbers

*********WARNING******

Sex: _____ Race: ____ Height: ____ Weight: ____ Eye Color: ____ Hair Color:

Other Information (e.g. license plate number, parents' names, etc.):

Town, State and ZIP

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

(NR&PD 01/2020)

Personal Identifying Characteristics:

	•	
		•
•		



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APPLICANT • PLEASE CHECK APPROPRIATE BOXES •						
Arrowhead Volunteer	Woodtrail Staff					

FOR CAMP APPLICANTS ONLY

NRPHS 172G

CHAPTER 6 § 172G CORI REQUEST FORM

Natick Recreation and Parks Department is requesting all the available criminal offender recorded information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6 § 172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

A GOVERNMENT ISSUED PHOTO ID MUST ACCOMPANY THE CORI FORM.

Note: A <u>CURRENT</u> driver's license (no permits), <u>CURRENT</u> passport or school ID are all acce<u>ptable ty</u>pes of photos. Please leave copied photo on an 8-1/2" x 11" piece of paper..... DO NOT CUT.

> If <u>no</u> picture ID - A <u>Birth Certificate</u> will be accepted CLASS PICTURES ARE NOT CONSIDERED GOVERNMENT ISSUED PHOTO ID'S

EMPLOYEE/VOLUNTEER INFORMATION

	(Piedse Plint In INA - NO) PENCIL)		
	Last Name : First Name* ! (*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED N	Middle Name NAMES)	•
Current Addres	SS:		
	Number (Please DO NOT use PO Boxes) Street		١
	Town State	ZIP COD)E
Applicants Mai	iden Name or Alias (If you are/were married) Mothers Maider	n Name	
Date of Birth Sex: M	MM DD WWW Last & Digits of Social Security Number (Full year: ex 2000) (Required by Massachusetts Dept of Criminal Justice) F Height: ft in. Weight: Eye (e) (If Ap	t Index PIN plicable)
Former Address	Ses:	State	Zip
	. Street (Please DO NOT use PO Boxes) Town	State	Zip
State Driver's Lie	cense Number:		
	State Number	r	
Requested by:	<u>Karen Partanen, Dírector</u> Karen Partanen, Dire- Signature of CORI Authorized Employee	ctor • NRPD	
COMP	LETED FORM W/PHOTO ID MUST BE RETURNED TO THE RECREATION AND PA	RKS DEPART	WEVI
The above i	• STAFF USE ONLY • information was verified by reviewing the following form of government issued p	hotographic	
Identificatio		<u>-</u>	
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