



Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

Karen Partanen
Recreation & Parks
Director

To: Arrowhead Day Camp Volunteer Applicant

From: Camp Arrowhead Volunteer Coordinator

To be considered as a Camp Arrowhead Volunteer, **ALL** of the following information **MUST** be completed and submitted by Thursday, April 16, 2020. Our volunteers work one on one with an assigned camper each week. Therefore, we have a limited space each week for volunteers. We expect to need between 37 - 42 volunteers each 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.

New Volunteer Essay Questions:

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?

What do you want to get out of Camp Arrowhead this summer?

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

- Sunday, May 31 • New 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 thrive, 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 **NOT** be accepted without a copy of your **MOST RECENT** 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, WE ASK THAT ALL FORMS BE COMPLETED BY THE APPLICANT OR THEIR PARENT/GUARDIAN.

Name _____ Telephone # (____) _____
Volunteer Cell Phone

Address _____
Street Town Zip

E-Mail _____ T-Shirt Size _____
Volunteer's E-mail Parent's E-mail (optional)

Minimum 2 Week Availability Required

Note: We need you to check at least 2 weeks for planning purposes - you may only receive 1 of the 2 weeks. You may indicate total number of weeks you want here: _____ we will do our best to accommodate.

Have you volunteered with us in the past?
Yes or No _____

If you have volunteered with us in the past:
How many new t-shirts do you need?
① ② ③

✓	Session number	Dates	Order of Preference
	Week 1	June 29-July 2	
	Week 2	July 6-10	
	Week 3	July 13-17	
	Week 4	July 20- 24	
	Week 5	July 27-31	
	Week 6	August 3-7	
	Residential	August 16-22	

Please list below any specific training and/or certified skills that you have received that would help you in this position. (i.e., educational courses, workshops, CPR, First Aid, Skill, Sign Language, etc.)

Type Of Training/Certified Skills	Year
_____	_____
_____	_____
_____	_____

Swimming Ability: Confident Swimmer Not Confident Not a Swimmer

Do you have any previous experiences in this program or others related to the position you are applying for? If so, list each position, year and reference (i.e., babysitting, volunteer work, child care, etc.)

Type of Service	Responsibility	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

I volunteer to assist in the _____ program and will work to the best of my ability. I have filled out the above information to the best of my knowledge.

Volunteer's Signature _____ Date _____

I hereby give my child permission to **volunteer** in this program and will assume full responsibility in the event that any injury may occur. Please note that photos of the applicant may be used for various publicity media's.

Parent/Guardian Signature _____ Date _____

(If under 18 years)



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• APPLICANT •	
• PLEASE CHECK APPROPRIATE BOXES •	
<input type="checkbox"/> Arrowhead	<input type="checkbox"/> Woodtrail
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid Staff

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

Address: 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

Town, State and ZIP

Personal Identifying Characteristics:

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

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

*****WARNING*****

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)



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• APPLICANT •

• PLEASE CHECK APPROPRIATE BOXES •

<input type="checkbox"/> Arrowhead	<input type="checkbox"/> Woodtrail
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Staff

FOR CAMP APPLICANTS ONLY

NRPHS
172G
G

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 CURRENT driver's license (no permits), CURRENT passport or school ID are all acceptable types of photos. Please leave copied photo on an 8-1/2" x 11" piece of paper.... **DO NOT CUT.**

⇒ If no picture ID - A Birth Certificate will be accepted

CLASS PICTURES ARE NOT CONSIDERED GOVERNMENT ISSUED PHOTO ID'S

EMPLOYEE/VOLUNTEER INFORMATION

(Please Print In INK - NOT PENCIL)

Last Name _____ First Name* _____ Middle Name _____
 (*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)

Current Address: _____
 Number (Please DO NOT use PO Boxes) Street
 Town State ZIP CODE

Applicants Maiden Name or Alias (If you are/were married) _____ Mothers Maiden Name _____

Date of Birth MM / DD / YYYY XXX-____-____
 (Full year: ex 2000) (Required by Massachusetts Dept of Criminal Justice)

Place of Birth (Town or City and State) _____ ID Theft Index PIN (If Applicable) _____

Sex: M F Height: _____ ft. _____ in. Weight: _____ Eye Color: _____

Former Addresses: _____
 Street (Please DO NOT use PO Boxes) Town State Zip

 Street (Please DO NOT use PO Boxes) Town State Zip

State Driver's License Number: _____
 State Number

Requested by: Karen Partanen, Director Karen Partanen, Director • NRPD
 Signature of CORI Authorized Employee

COMPLETED FORM w/PHOTO ID MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT

• STAFF USE ONLY •

The above information was verified by reviewing the following form of government issued photographic Identification: _____
 ID Type Staff Initials Date

