



**Town of Reading**  
**16 Lowell Street**  
**Reading, MA 01867-2685**  
**Website: [www.readingma.gov](http://www.readingma.gov)**

**Kerry Valle, Case Worker**  
**Elder/Human Services**  
**Phone (781) 942-6659**  
**Fax (781) 942-9071**

Dear Prospective Volunteer,

Your interest in becoming a Reading Elder/Human Services' volunteer carries on an important tradition that makes Reading a special community. In fact, Reading Elder/Human Services would not be able to offer the variety of programs and services we currently have available without our committed volunteers. A brief description of the various volunteer opportunities is enclosed.

Please complete and return the enclosed application and the CORI release form. We will also need a copy of your driver's license. If you do not have a driver's license, then a copy of a government issued photo ID will suffice. The application process takes approximately three weeks. Feel free to call if you have any questions.

I look forward to hearing from you.

Sincerely,

Elder/Human Services

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Please mail back these 3 items:

- Completed APPLICATION
- Completed CORI release form (only for those over 17 years old)
- Copy of your DRIVER'S LICENSE, SCHOOL ID, or another form of government issued photo ID



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## Volunteer Application

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Special Training, Skills, Hobbies: \_\_\_\_\_

Groups, Clubs, Organization Membership: \_\_\_\_\_

When are you able to volunteer? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Do you have: Your own transportation? \_\_\_\_\_ Valid driver's license? \_\_\_\_\_

NOTE: In the event of an accident, the driver's insurance is primary. The Town's liability insurance is "Excess Liability Only". If you are concerned about liability, please ask us about a waiver.

How did you learn about the need for volunteers? \_\_\_\_\_

Reason(s) for wanting to volunteer: \_\_\_\_\_

Which volunteer position(s) would you like to learn more about? (circle one or more)

Arts & Crafts Leader	Fix-it/Lamp Repair Asst.	Medical Companion	Shopping Escort
Bingo Caller	Friendly Visitor	Medical Escort	Veteran's Group Leader
Book Discussion Leader	Holiday Worker	Office Assistant	Videographer
Computer Instructor	Income Tax Assistant	Receptionist	Compost Center
COA Board Member	Kitchen Assistant	Shine Counselor	Weather Warriors
Decorator		Shopping Assistant	Other: _____

Please list 3 personal references with address and phone number below.

Name	Address	Town	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**I attest the above information is accurate. Please provide a copy of your driver's license or government issued photographic identification.**

**All Personal Information Will Be Kept Confidential**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Town of Reading**  
16 Lowell Street  
Reading, MA 01867

Fax: (781) 439-6018  
Website: [www.ci.reading.ma.us](http://www.ci.reading.ma.us)

Administrative Services  
Human Resources  
781-942-9033

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## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER,  
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The TOWN OF READING is registered under the 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 the TOWN OF READING 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 the TOWN OF READING with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The TOWN OF READING may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the TOWN OF READING must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Department \_\_\_\_\_

Volunteer

Full-Time

Position \_\_\_\_\_

Seasonal

Part-Time

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



SUBJECT INFORMATION:

\_\_\_\_\_  
Last Name First Name Middle Name Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name City/Town State Zip

\_\_\_\_\_  
Street Number & Name City/Town State Zip

\_\_\_\_\_  
The above information was verified by reviewing the following form(s) of government issued identification:

\_\_\_\_\_  
ID Type

\_\_\_\_\_  
ID Number and Expiration Date

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee