

TOWN OF HUDSON, MASSACHUSETTS

HUDSON COUNCIL ON AGING

APPLICATION FOR SENIOR CENTER VOLUNTEER:

Name of Applicant: _____

Address: _____

Telephone Number: _____

Senior Center position/s you are interested in: _____

Brief description of your past work: _____

Education background: _____

Have you ever served on a
committee?: _____

Name of committee, office held, if any _____

How long have you lived in
Hudson?: _____

References: 1. _____

2. _____

Emergency Contact _____

Additional Information _____

Date Completed: _____

TOWN OF HUDSON
MASSACHUSETTS 01749

COUNCIL ON AGING

CRIMINAL RECORDS CHECK
AUTHORIZATION

NAME: _____

SOCIAL SECURITY NUMBER: _____

RESIDENCE: _____

LENGTH OF TIME AT THIS RESIDENCE: _____

BIRTHPLACE: _____

DATE OF BIRTH: _____

BUSINESS PHONE # _____ HOME PHONE # _____

FATHER'S NAME: _____ BIRTHPLACE: _____

MOTHER'S MAIDEN NAME: _____ BIRTHPLACE: _____

IF APPLICABLE - WIFE'S MAIDEN NAME: _____

BIRTHPLACE: _____

I, _____ hereby authorize the following officials of the Town of Hudson access to any and all criminal offender record information (CORI) pertaining to me which is held on file by the Board of Probation or other criminal justice agency within the Commonwealth of Massachusetts or any other state within the United States of America.

I authorize the release of this information to those individuals listed below through the Hudson Police Department, and only in conjunction with my application for

This authorization shall expire forty-five (45) days after date of signature.

AUTHORIZED INDIVIDUALS - Executive Assistant, Paul Blazar
Board of Selectmen Members: JoAnn Forance, Carl Leeber, Robert Steere, Joseph Durant & Gregory Vachowski.

SIGNATURE OF APPLICANT: _____ DATE: _____

TOWN OF HUDSON

COUNCIL ON AGING
29 Church Street
Hudson, MA 01749

568-9638

Hudson Council on Aging has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee/volunteer for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee/Volunteer Signature

APPLICANT/EMPLOYEE/INFORMATION (PLEASE PRINT)

Last Name First Name Middle Name

Maiden Name or Alias (If Applicable)

Date of Birth: _____ Social Security Number: _____

Address: _____

Requested By: _____
Signature of CORI Authorized Employee

CHSB Use Only

Record Attached: _____

No Record: _____

TOWN OF HUDSON

COUNCIL ON AGING
29 Church Street
Hudson, Ma 01749

568-9638

To: Applicants/Employees/Volunteers

The Hudson Council on Aging is now required to have all applicants, employees and volunteers fill out CORI forms for criminal record checks.

Please find attached the required "sign-off" sheet that you must fill out and send back to this agency. If you do not wish to fill this out, your name will be withdrawn from the application/employee/volunteer list.

Thank you for your cooperation.

TOWN OF HUDSON
COUNCIL ON AGING
29 Church Street
Hudson, MA

Date:

To: Mr. Blazar

From: Barbara Gustafson

Re: CORI

I am enclosing a Criminal Records Check Authorization form.

This person has applied to work with the elderly in their home.