



Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

To: Arrowhead Day Camp Volunteer Applicant

From: Andrea Roshier/Matt Frechette, Camp Directors

To be considered as a Camp Arrowhead Volunteer, **ALL** of the following information **MUST** be completed and submitted by Monday, April 27, 2009.

- Volunteer Application Form filled out **COMPLETELY**
- Volunteer Health Form filled out **COMPLETELY**
- Your **MOST RECENT** (within 2 years of requested sessions end) Physical Form (computer printout from physician) **or** Form "B" (available at the Recreation Office) signed by physician.
- Completed Essay
- CORI and SORI Forms (NOTE: The State mandates that **ANYONE** (*no matter what their age*) working with children **MUST** be CORI'd and SORI'd.)
- MANDATORY PHOTO ID**

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.

There will be a **MANDATORY** screening meeting for all Arrowhead Volunteer Applicants at the Cole Center on Sunday, May 3 from 10:00 am to 12:00 noon.

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 25 - 30 volunteers each week. The mandatory meeting will be a further opportunity for us to screen potential volunteers for the Summer of 2009.

Please answer the following essay questions on a separate piece of paper, in not less than two but no more than three paragraphs, and submit it along with the Volunteer Application form **ASAP**.

What experiences, if any, have you had that would be helpful in working with children and adults with special needs?

What qualities do you think you can bring to the program to make it better?

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



Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

CAMP ARROWHEAD VOLUNTEER APPLICATION

(Must be going into Grade 9 and above.)

Applications will NOT be accepted without a copy of your most recent Physicians Computer Printout (within 2 years of last day of camp) or Physical Form "B" (available at Recreation Office) and your completed Essay.

Name _____ Telephone # (____) _____

Address _____
Street Town Zip

E-Mail _____

Minimum 2 Week Commitment Required

Please check off sessions desired in order of preference.

Dates	Pref.	Dates	Pref.
<input type="checkbox"/> Session 1 • June 29 - July 3	_____	<input type="checkbox"/> Session 4 • July 20 - 24	_____
<input type="checkbox"/> Session 2 • July 6 - 10	_____	<input type="checkbox"/> Session 5 • July 27 - 31	_____
<input type="checkbox"/> Session 3 • July 13 - 17	_____	<input type="checkbox"/> Session 6 • August 3 - 6	_____
<i>(*Family Night at camp evening of August 7• NO DAY CAMP August 7)</i>			
Residential Camp Week			
<input type="checkbox"/> August 16 - 21			

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, Swim Skill, Sign Language, etc.)

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

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 be a CIT in this program and will assume full responsibility in the event that any injury may occur.

Parent/Guardian Signature _____ Date _____
(If under 18 years)

CAMP ARROWHEAD VOLUNTEER HEALTH FORM

General Information

**To Be Completed by Parent or Guardian if < 18 Years of Age*

<input type="checkbox"/> Volunteer	Session(s) #	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Res B <input type="checkbox"/>
------------------------------------	--------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--------------------------------

Name: _____ Home Phone: (____) _____
Last First Middle Area Code

Date of Birth: ____/____/____ Age: _____ Sex: M F

Home Address: _____

School: _____ Grade Entering • Fall 2009 _____

Mothers Name: _____ Work # (____) _____ Cell # (____) _____

Fathers Name: _____ Work # (____) _____ Cell # (____) _____

Emergency Contacts • Other Than Parent (State Regulations Mandate 2 Contacts)

1) Name: _____

Relationship: _____ Telephone #: (____) _____

2) Name: _____

Relationship: _____ Telephone #: (____) _____

Insurance Information MANDATORY: MUST BE FILLED OUT

Health Plan/HMO: _____

Policy or Group #: _____

Medical Concerns: Allergies _____

Medical Conditions _____

If Medications Need to be Given During Camp Hours:

Please check here if your child will need medication(s) to be administered at Camp

Name of Medications: _____

IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED

If your child will need to receive medication at camp, a Medication Authorization Form must be completed *PRIOR* to your child attending camp. Forms are available at the Recreation Department.

Medical Information/Release Form

- Is there any Medical Information: Disabilities/Allergies NR&PD should be aware of? _____
- Should my child or I be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that an attempt will be made to contact me in an emergency.

- I realize injuries can occur from participation in sports and other activities. I hereby waive, release, absolve, indemnify and agree to hold harmless The Town of Natick, Natick Recreation and Parks Department, their directors, instructors or assignees from any claim arising out of injury to my children or myself.

 **Mandatory Signature**
Parent/Guardian if <18 _____ Date ____/____/____

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: _____ Richard Cugini

Address: _____ 19 Jefferson Road
_____ 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: _____ *Dick Cugini, Superintendent* _____ Richard J. Cugini, Superintendent • 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 or
Approx. Age: _____ / _____ / _____
(*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).