

**Plymouth Animal Shelter
2199 State Road
Plymouth, MA 02360
508-888-1186**

Volunteer Application

Contact Info:

Full Name:

Age:

Address: City: State: Zip:

Phone:

Email:

How did you hear about us:

Occupation:

Availability (please list all days & times available):

Are you interested in volunteering at that shelter or fostering a cat or dog?

List skills or services that you could volunteer at the shelter:

What do you want to get out of your volunteer experience?

Please list any previous volunteer experience:

Are there any tasks that you are not willing or able to do as a volunteer?

If so, please list:

Do you have any previous experience with animals?

How many pets do you have at home?

What are they?

Are you uncomfortable around certain types of animals?

If so, which ones:

Signature & Date

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The **Town of Plymouth** 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 leasing of housing

As a prospective or current employee, subcontractor, volunteer, license applicant, current license, 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 **Town of Plymouth** 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 **Town of Plymouth** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: **The Town of Plymouth** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, Town of Plymouth 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 on the Acknowledgement Form is true and accurate.

Signature

Date

SUBJECT INFORMATION:

Last Name	First Name	Middle Name	Suffix
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Maiden Name (or other names(s) by which you have been known)

Date of Birth	Place of Birth
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Last Six Digits of Your Social Security Number (Mandatory):

Sex:	Height: ft in	Eye Color:	Race:
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Driver's License or ID Number:	State of Issue:
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Mother's Full Maiden Name:	Father's Full Name:
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Current and Former Address:

Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee