COACHING APPLICATION

First Name: ____________________________  Last Name: ____________________________
Address: ________________________________  City/Zip: ______________________________
Phone Number: ____________________________  Email Address: _________________________
Have you ever coached before? ______

Grade Level you want to coach:
K-1    1-2    Boys 3    Boys 4    Boys 5&6    Boys 7&8    Boys 9-10    Boy11&12
       Girls 3&4    Girls 5&6    Girls 7-9

What Night are you available for practice (please list 2 options):
1. ____________________________  2. ____________________________

As a coach or assistant coach, you may request to coach a specific team. However, please be
aware as player evaluations are completed, and in order to maintain a competitive league, we
may need to rearrange players.

____  Head Coach – no help needed
____  Head Coach – I would like an assistant coach
____  Assistant Coach

Are you sponsoring a team? ______
Name of the team you are sponsoring: ____________________________

Other information:

Coaches Meetings: Grades 3&4 on 11/7, Grades 5&6 on 11/8, Grades 7&8 on 11/9  ALL AT 7PM
Criminal Offender Record Information (CORI) Acknowledgement Form

Boys & Girls Clubs of MetroWest, Inc. 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 Boys & Girls Clubs of MetroWest, Inc. 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 Boys & Girls Clubs of MetroWest, Inc. with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Boys & Girls Clubs of MetroWest, Inc. may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Boys & Girls Clubs of MetroWest, Inc. must first provide me with written notice of this check.

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

_________________________________________   __________________________
Signature of CORI Subject                       Date
## SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.

* First Name: ___________________________ Middle Initial: ___________________________

* Last Name: ___________________________ Suffix (Jr., Sr., etc.): ___________________________

Former Last Name 1: ___________________________

Former Last Name 2: ___________________________

Former Last Name 3: ___________________________

Former Last Name 4: ___________________________

* Date of Birth (MM/DD/YYYY): __________ Place of Birth: ___________________________

* Last SIX digits of Social Security Number: _______ — _______ _______ □ No Social Security Number

Sex: __________ Height: _______ ft. _______ in. Eye Color: ___________________________ Race: ___________________________

Driver’s License or ID Number: ___________________________ State of Issue: ___________________________

Father’s Full Name: ___________________________

Mother’s Full Name: ___________________________

### Current Address

* Street Address: ___________________________

Apt. # or Suite: _______ *City: _______ — _______ *State: _______ — *Zip: _______

## SUBJECT VERIFICATION

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

__________________________________________

__________________________________________

Verified by:

__________________________________________

Print Name of Verifying Employee

__________________________________________

Signature of Verifying Employee

______________________________ Date
All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, 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: ___________________________________________ Date of birth: ______________________

Organization name: (if any) Boys & Girls Clubs of MetroWest, Inc.

Address: ___________ Telephone number: (508) 485-4912
169 Pleasant Street, Marlborough, MA 01752 (Main Office/Clubhouse)
21 Church Street, Hudson, MA 01749 (Hudson Clubhouse)
154 Pearl Street, Framingham, MA 01702 (Framingham Clubhouse)

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.

Requestor’s signature: ___________________________________________ Date: ______________________

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject’s LAST NAME: ___________________________________________

Subject’s FIRST NAME: ___________________________________________

Subject’s MIDDLE INITIAL: ___________

Date of birth or approximate age: M M D D Y Y Y Y AGE

Address (PRINT): ___________________________________________

Personal identifying characteristics:

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

Other information (e.g. license plate number, parents’ names, etc.): ___________________________________________

If additional information is needed, please contact the Requestor at the telephone number above.

**********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 – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) 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).