



# Urban College of Boston

178 Tremont St. 7th Floor, Boston, MA 02111

## Volunteer Application

Please note: Volunteers are subject to criminal background checks.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_

### Volunteer or Work History

Name of Company	Dates of Service	Type of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Education

Last School attended: \_\_\_\_\_

Academic level achieved: \_\_\_\_\_ High School/GED \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate

Major (s): \_\_\_\_\_ Degree Received: \_\_\_\_\_

Other: \_\_\_\_\_

### Skills

Languages: \_\_\_\_\_ Fluent/Speaking Reading Writing (Please circle all that apply.)

Computer skills: \_\_\_\_\_

Other: \_\_\_\_\_

### Demographics

Sex:  Male  Female Age Group:  19 & under  20-39 yrs.  40-59  60 & over

Race or Ethnic Background:  Black (not Hispanic)  White (not Hispanic)  Hispanic (black)  
 Hispanic (white)  Asian/Pacific Islander  Native American  
 Other: \_\_\_\_\_

## Availability

Please indicate below the time you are available to volunteer.

Circle all that apply:

January

July

Monday

Start Time

End Time

February

August

Tuesday

March

September

Wednesday

April

October

Thursday

May

November

Friday

June

December

Saturday

## Areas of Interest

Tutoring:

Marketing

Enrollment

ESL

Web Design

Student Life

Math

Financial Aid

Humans Services

Reading

Administration

Translation Services  Spanish  Cantonese  Mandarin

Writing

Finance

General Office Help

Other

Alumni

Early Childhood Education

What do you hope to gain from this experience? \_\_\_\_\_

## Other Information

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Criminal Record

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within the last five years? Yes No

If "yes," to either question, please give the dates and details in the space provided below.

If you have been convicted of any crimes within the last five years, give the dates and details in the space provided below. Use an additional sheet if necessary.

Nature of Offense	Date	Court	Disposition
_____	_____	_____	_____

Applicant Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Program: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Volunteer services: \_\_\_\_\_



# Urban College of Boston

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

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

Urban College of Boston 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 Urban College of Boston to submit a CORI check for my information to the DCJIS. I may withdraw this authorization at any time by providing Urban College of Boston written notice of my intent to withdraw consent to a CORI check.

### **FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

Urban College of Boston may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Urban College of Boston 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

◆ 178 Tremont Street ◆ Boston, Massachusetts 02111-1006 ◆ 617.292.GRAD (4723) ◆ Fax: 617.423.4758 ◆

◆ contact@urbancollege.edu ◆ www.urbancollege.edu ◆

**A 501 (c) 3 Non-profit Organization**

**SUBJECT INFORMATION:** (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*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 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:

\_\_\_\_\_  
\_\_\_\_\_

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

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



# Urban College of Boston

178 Tremont Street, Boston, MA 02111

## UCB Intern, Volunteer and Work-Study Confidentiality Policy

---

I, \_\_\_\_\_ (print name), agree that I will comply with the following Confidentiality Policy:

UCB Volunteers and interns may not disclose any confidential or proprietary UCB information in any form, except within UCB as needed to carry out his or her responsibilities and otherwise as approved by his or her UCB supervisor.

Confidential information includes, but is not limited to, any information concerning UCB students or individual UCB employees and may be in the form of electronic or paper records, or information obtained or disclosed in any other format, such as in person meetings. Such prohibited disclosure includes, but is not limited to, posting on social media sites.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date