



Urban College of Boston

2 Boylston Street, 2nd Floor, Boston, MA 02116
617.449.7070 | www.urbancollege.edu

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:

		Start Time	End Time
January	July	Monday	_____
February	August	Tuesday	_____
March	September	Wednesday	_____
April	October	Thursday	_____
May	November	Friday	_____
June	December	Saturday	_____

Areas of Interest

<input type="checkbox"/> Tutoring:	<input type="checkbox"/> Marketing	<input type="checkbox"/> Enrollment
<input type="checkbox"/> ESL	<input type="checkbox"/> Web Design	<input type="checkbox"/> Student Life
<input type="checkbox"/> Math	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Humans Services
<input type="checkbox"/> Reading	<input type="checkbox"/> Administration	<input type="checkbox"/> Translation Services <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin
<input type="checkbox"/> Writing	<input type="checkbox"/> Finance	<input type="checkbox"/> General Office Help
<input type="checkbox"/> Other	<input type="checkbox"/> Alumni	<input type="checkbox"/> 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: _____



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A TWO-YEAR COLLEGE CHARTERED IN 1993
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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

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(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: _____

Sex: _____ Height: ___ft. ___in. Eye Color:_____ Race:_____

Driver's License or ID Number:_____ State of Issue:_____

Mothers Full Maiden Name	Fathers Full Name
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Current and Former Addresses:

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



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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