



# Natick Recreation and Parks Department

“People Driven. Service Focused.”

Travis Farley  
Recreation & Parks  
Director

To: Arrowhead Day Camp Volunteer Applicant

From: Camp Arrowhead Volunteer Coordinator

To be considered as a Camp Arrowhead Volunteer, **ALL** of the following information **MUST** be completed and submitted by Friday May 12, 2023. Our volunteers work one on one with an assigned camper each week. Therefore, we have a limited space and expect to need between 22-35 volunteers each week. You will be notified by the end of June regarding your assignments.

- “Volunteer Application Form” filled out **COMPLETELY by Applicant**
- Your MOST RECENT (within 2 years of requested sessions end) Physical and Immunization Form (computer printout from physician).  
**Please confirm that your immunizations are current with your health care provider.**
- Completed Essay (*First year applicants only*).
- SORI and CORI Forms (State mandates you include last 6 digits of Social Security # on CORI.)
- MANDATORY PHOTO ID • DO NOT cut the ID/photo - please leave on 8-1/2 x 11 sheet.**  
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, etc..)  
\* Please contact us if you have a question about acceptable ID's.
- Concussion Training Certificate ([www.headsup.cdc.gov](http://www.headsup.cdc.gov)). Please take the Coaches in Youth Sports Training.

New Volunteer Essay Questions:

**What qualities do you think you can bring to the program?**

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

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

Please mark these important dates below on your calendar. Attendance is **mandatory** for volunteers.

- **Thursday, June 22 • Friday, June 23 • Saturday, June 24-** a mix between virtual and in person training on site at Camp Arrowhead 1055 Worcester Street • **8:30-3:30pm** – Dates will be solidified in June – Only 2 of 3 dates will be selected.

**\*\* NOTE: All paperwork must be in prior to being awarded weeks. We have limited spaces for volunteers.**

All participants are expected to bring a bagged lunch. Knowing that it is easy to forget we try to have some options onsite for emergencies. If you are able to donate \$5 to the Volunteer emergency lunch fund that would be greatly appreciated but is not required.



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## CAMP ARROWHEAD VOLUNTEER APPLICATION FORM

(Must be going into Grade 9 or above.)

Applications will **NOT** be accepted without all paperwork listed on cover page of application.

**PLEASE NOTE: AS PART OF THE APPLICATION PROCESS, WE ASK THAT ALL FORMS BE COMPLETED BY THE APPLICANT NOT THEIR PARENT/GUARDIAN.**

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
Volunteer Cell Phone

Address \_\_\_\_\_  
Street Town Zip

E-Mail \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Volunteer's E-mail Parent's E-mail (optional)

We will be sharing applicants contacts information with the PATH board for volunteer assistance and fundraising information. Please submit an email if you do not want your information shared. Information on PATH can be found on our website or attached to this app.

**(Note: Please list at least 2 choices of availability - you might only receive 1 of the 2 weeks)**  
*Please note that photos of the applicant may be used for various publicity media's.*

1:1 Aid Day Camp	
Dates:	Preference:
<input type="checkbox"/> 1 • June 27-30	_____
<input type="checkbox"/> 2 • July 5-7	_____
<input type="checkbox"/> 3 • July 10-14	_____
<input type="checkbox"/> 4 • July 17-21	_____
<input type="checkbox"/> 5 • July 24-28	_____
<input type="checkbox"/> 6 • July 31- Aug 4	_____
# _____ Indicate the total # of weeks you hope to receive	

<p><b>** Check box if INTERESTED: Acceptance is based on volunteer's performance at day camp</b></p> <p><input type="checkbox"/> <b>Residential Camp Week</b>          Sunday, August 14 - Saturday August 20</p> <hr/> <p><b>*NEW*</b> <input type="checkbox"/> <b>CIT Volunteer Position</b>          Do you love volunteering and want additional duties? We have created a new program where volunteers will assist staff in groups.</p>
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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, 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give my child permission to **volunteer** 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 GENERAL HEALTH FORM

**IMPORTANT: WE STILL REQUIRE AN UP-TO-DATE PHYSICAL AND IMMUNIZATION RECORD ALONG WITH THIS PAPERWORK**

Name: \_\_\_\_\_  
Last First Middle Home Phone: \_\_\_\_\_  
Area Code  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F  
Home Address: \_\_\_\_\_  
School: \_\_\_\_\_ Grade **Entering** • Fall 2021 \_\_\_\_\_  
Guardian 1 Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Guardian 2 Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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

1) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
2) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## Insurance Information

Health Plan/HMO: \_\_\_\_\_  
Policy or Group #: \_\_\_\_\_

**ALLERGIES/MEDICAL CONDITIONS:** \_\_\_\_\_

## **IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED NO LATER THAN JUNE 1**

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

Name of Medications: \_\_\_\_\_

## Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasee's") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release from Liability and Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releases will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

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

### Coronavirus

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Town of Natick Recreation and Parks programs or accessing Town of Natick facilities could increase the risk of contracting COVID-19. The Town of Natick in no way warrants that COVID-19 infection will not occur through participation in Town of Natick programs or accessing Town of Natick facilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, parent or guardian)



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<b>• APPLICANT...</b>	
<b>• PLEASE CHECK APPROPRIATE BOXES •</b>	
<input type="checkbox"/> Arrowhead	<input type="checkbox"/> Woodtrail
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Paid Staff

**THIS FORM IS TO BE FILLED OUT BY CAMP STAFF OR VOLUNTEERS ONLY**

## 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:** \_\_\_\_\_ Travis Farley

**Address:** \_\_\_\_\_ 179 Boden Lane  
\_\_\_\_\_ 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:** \_\_\_\_\_ *Travis Farley, Director* \_\_\_\_\_ Travis Farley • Director • 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(\*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).



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**• APPLICANT •**

**• PLEASE CHECK APPROPRIATE BOXES •**

<input type="checkbox"/> Arrowhead	<input type="checkbox"/> Woodtrail
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Staff

**FOR CAMP APPLICANTS ONLY**

NRPHS
172G
G

## CHAPTER 6 § 172G CORI REQUEST FORM

Natick Recreation and Parks Department is requesting all the available criminal offender recorded information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6 § 172G, which mandates operators of **camp**s for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

**A GOVERNMENT ISSUED PHOTO ID MUST ACCOMPANY THE CORI FORM.**

Note: A CURRENT driver's license (no permits), CURRENT passport or school ID are all acceptable types of photos.  
**Please leave copied photo on an 8-1/2" x 11" piece of paper..... DO NOT CUT.**

⇒ If no picture ID - A Birth Certificate will be accepted

**CLASS PICTURES ARE NOT CONSIDERED GOVERNMENT ISSUED PHOTO ID'S**

### EMPLOYEE/VOLUNTEER INFORMATION

*(Please Print in INK - NOT PENCIL)*

Last Name _____	First Name* _____	Middle Name _____
<i>(*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)</i>		

Current Address: \_\_\_\_\_

<b>Number</b> <i>(Please DO NOT use PO Boxes)</i>	<b>Street</b>	
_____	_____	
<b>Town</b>	<b>State</b>	<b>ZIP CODE</b>
_____	_____	_____

<u>Applicants</u> Maiden Name or Alias (If you are/were married) _____	<b>Mothers Maiden Name</b> _____
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Date of Birth	____ / ____ / ____	XX XX - ____ - ____	_____	_____
	<b>MM DD YYYY</b>	<b>Last 6 Digits of Social Security Number</b>	Place of Birth (Town or City <b>and</b> State)	ID Theft Index PIN (If Applicable)
	<i>(Full year: ex 2000) (Required by Massachusetts Dept of Criminal Justice)</i>			

Sex: M  F  Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Former Addresses: \_\_\_\_\_

<b>Street</b> <i>(Please DO NOT use PO Boxes)</i>	<b>Town</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____
<b>Street</b> <i>(Please DO NOT use PO Boxes)</i>	<b>Town</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____

State Driver's License Number: \_\_\_\_\_

<b>State</b>	<b>Number</b>
_____	_____

Requested by: \_\_\_\_\_ Travis Farley, Director

Signature of CORI Authorized Employee

Travis Farley, Director • NRPD

**COMPLETED FORM w/PHOTO ID MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT**

**• STAFF USE ONLY •**

The above information was verified by reviewing the following form of government issued photographic Identification: \_\_\_\_\_

ID Type	Staff Initials	Date
_____	_____	_____

(NR&PD 04/2021)

# **PATH** *for inclusion*

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**Parents' Association for The Handicapped, Inc.**

PATH is a local organization that exists to support programs for people with disabilities run by the Natick Recreation and Parks Department. Our financial support helps to keep programs like Camp Arrowhead Day Camp, Camp Arrowhead Residential Camp, and Skyline programs affordable for participants living throughout the Metrowest area. This year PATH has committed to contributing \$30,000 to the camp programs to keep costs reasonable for campers, and allow volunteers to participate at no cost. In addition PATH offers financial aid in the form of camp tuition fee payments. PATH also provides college scholarships each year for former volunteers who plan to enter the fields of disability human services and medicine.

We are here to help, but we need your help. As you can imagine, fundraising during the last two years has been challenging for PATH, but we are committed to continuing our support for these valuable programs to keep them affordable. Your financial support is much appreciated. We would also welcome your gift of time in the way of helping us with publicity, your assistance with events such as Natick Days, and fundraising. Fresh ideas are welcome!

Email: [pathtoinclusion@gmail.com](mailto:pathtoinclusion@gmail.com)