



**NORTH MIDDLESEX**



**PATRIOTS**

AMERICAN YOUTH FOOTBALL AND CHEER



### Coaches and Volunteer Application

*To be considered for a volunteer position, you must:*

- (1) Complete and sign the Coaches and Volunteer Application
- (2) Complete and sign the Cori form
- (3) Selected coaches will need to complete additional paperwork and online certifications

Name (Please Print): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Desired: 1<sup>st</sup> Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

(Head coach, Assistant Coach, team mom, board member, chaperone)

Previous Experience that will help you in your desired position and why would you benefit the NM AYF program:

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

Applications can be mailed to NMAFY, PO Box 394. Townsend MA 01469 or scanned and sent via email to: [nmayfpatriots@gmail.com](mailto:nmayfpatriots@gmail.com)

All coaching and volunteer positions expire December 31<sup>st</sup> of each year. Coaches must reapply each season. Board positions expire at the annual meeting in which the 3 or 4-year term ends.



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**NOAYF  
172H  
FE2454**

North Middlesex Patriots AYF is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

VOLUNTEER INFORMATION (PLEASE TYPE)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
XXX - \_\_\_\_ - \_\_\_\_  
SOCIAL SECURITY NUMBER  
(only last six digits)

\_\_\_\_\_  
\*ID Theft Index PIN  
(if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:  
\_\_\_\_\_  
\_\_\_\_\_

TO BE FILLED OUT BY NM AYF

\*\*\*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: (include state of issue)

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**