



SPONSOR A BIRTHDAY APPLICATION FORM

Thank you for your interest in volunteering with ***One Wish Project***. We are very excited to offer you this opportunity.

One Wish Project currently works with six Lawrence homeless shelters, the Department of Children and Families, and Greater Lawrence Committee Action Council (GLCAC). We celebrate the birthdays of over 250 children per year ranging from 1-18 years of age. As a Sponsor A Birthday volunteer, your responsibilities will be as follows:

- Once your application has been successfully processed, we will add your email to our SignUp Genius distribution list. Each month, we will email the upcoming birthdays for that respective month. If you want to volunteer, select a child from the SignUp Genius form. We will be notified of your selection and within a few days, you will receive all the relevant information about the birthday child and the directions for the day of delivery.
- You will provide the child with a birthday cake, either homemade or purchased from a local bakery/store. One Wish Project can provide you with an easy recipe if you prefer to make the cake yourself. Do ***not*** feel obligated to make the cake. If you prefer for ***any*** reason(s) to purchase a cake from a reputable bakery or supermarket, this is ***completely*** acceptable!!!
- One Wish Project will purchase the requested toys/items for your birthday child. You will make arrangements to pick up these items at One Wish Project's office in Lawrence, or if needed, other more convenient arrangements can be made.
- Wrap each of the presents with festive birthday paper **EXCEPT** if you selected a child from the LAZARUS HOUSE. At this shelter, all presents are to be unwrapped.
- DELIVER the cake and presents (and whatever else you would like to include like balloons for example) to the shelter ON THE DAY OF THE CHILD'S BIRTHDAY.
- *Currently, because of COVID, all deliveries are **drop and go**.*
- If you have any questions, please feel free to email me at hannah@onewishproject.us or contact me directly at 978-885-9435 or Claudia Mintz, 978-290-2111

Date of Application _____

Name _____

Are you over 18? _____ Cell Phone # _____

*(If you are **under** 18, you must be accompanied by someone 18 years or older. That person needs to complete this application.)*

Address _____ Home Phone # _____

_____ Cell Phone # _____

(City, State and Zip Code)

E-mail address _____

I. Availability

1. Do you have a valid driver's license? Yes No
2. Do you have reliable transportation? Yes No

II. Experience:

1. Have you visited a homeless shelter before? Yes No
2. Do you have any concerns delivering to a *One Wish Project* partner shelter or foster home?

Yes No

If so, please state your concern(s): _____

***** PLEASE READ *****

As part of One Wish Project's volunteer application, the Commonwealth of Massachusetts Executive Office of Public Safety and Security requires all potential volunteers to complete a CORI Application and Acknowledgement Form. These forms are attached below.

INCLUDE A COPY OF A GOVERNMENT ISSUED PHOTO I.D. SUCH AS A VALID DRIVERS LICENSE WITH YOUR APPLICATION.

RETURN YOUR COMPLETED APPLICATION TO:

One Wish Project
P.O. Box 605
Andover, MA 01810

or **EMAIL** to hannah@onewishproject.us*

***If emailing your application, you must provide an *actual* signature. E-signatures are not accepted**



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200**

Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

This form is not to be faxed. Please return form to organization .



**Criminal Offender Record Information (CORI)
Acknowledgement Form**



To be used by organizations conducting CORI checks for employment or licensing purposes.

Family Services of the Merrimack Valley/One Wish Project is registered under the
(Organization)

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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Family Services of the Merrimack Valley/One Wish Project

(Organization)

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 Family Services of the Merrimack Valley/One Wish Project
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Family Services of the Merrimack Valley/One Wish Project may conduct
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me.

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



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND
SECURITY**

Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4640 |
TTY: 617-660-4606 | FAX: 617-660-5973 MASS.GOV/CJIS



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