



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Children and Families

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 Boston, MA 02111

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www.mass.gov/dcf

CHARLES D. BAKER  
 Governor

KARYN E. POLITO  
 Lieutenant Governor

MARYLOU SUDDERS  
 Secretary

LINDA S. SPEARS  
 Commissioner

**Volunteer Case Reviewer Application (Page 1 of 3)**

<b>Section 1</b> Individual Information	Last Name		Maiden		First Name and Initial		
	Home Address (number and street)				Building/Apt. No		
	City, town		State		Zip Code		
	Home Phone		Cell Phone		Office Phone		
	Email Address (if frequently used)						
	Date of Birth						
	Last Year of School Completed			Degree			
	How did you hear about the need for Volunteer Case Reviewers?						
	Employer						
	Address						
Job Title							
<b>Section 2</b> References	List two people as references						
	Reference One			Reference Two			
	Last Name		First Name		Last Name		First Name
	Address			Address			
	City	State	Zip	City	State	Zip	
	Phone Number			Phone Number			
	Relationship to Applicant			Relationship to Applicant			
	Email			Email			

## Volunteer Case Reviewer Application (Page 2 of 3)

### Section 3 Additional Information

How many case reviews per month are you able to attend?

1       2       3       4       5       6       7       8

Why are you interested in serving as a Volunteer Case Reviewer?

What affiliations and/or experiences do you have with children and children's services? (For example, parent, foster parent, board of human services agency, probation office, etc.)

Have you ever had any involvement with the Department, and if so, in what capacity?

### Section 4 Optional Questions

What is your race/ethnic origin? The FCRU enabling legislation requires that, as often as possible, the Volunteer Case Reviewer be of the same race/ethnicity as the children being reviewed.

Black                                       Asian                                       Multi-Racial  
 White                                         Native American                       Other: \_\_\_\_\_  
 Hispanic/Latino                         Pacific Islander

What languages do you speak?

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### Section 5 Case Review Meetings

Case Review Meetings occur at DCF offices and Contracted Agencies. Please check the cities/towns you are willing to go to for reviews:

#### Central Mass.

- Leominster 690 Mechanic Street
- Whitinsville 185 Church Street
- Worcester East 151 West Boylston Drive
- Worcester West 13 Sudbury Street
- Framingham 300 Howard Street
- M.C.I. Framingham (Women's Prison)

#### Western Mass.

- Greenfield 143 Munson Street
- Holyoke 261 High Street
- Ludlow Prison Randall Rd. Ludlow
- Pittsfield 53 Eagle Street
- Springfield 140 High Street, 4th Floor
- Van Wart Center 112 Industry Ave. Springfield
- North Adams 37 Main St. North Adams

#### Eastern Mass.

- Roxbury 30 Dimock Street
- Cambridge 810 Memorial Drive
- Chelsea 80 Everett Ave.
- Dorchester 50 Park Street
- Hyde Park 1530 River Street
- Arlington 30 Mystic Street

#### Southeastern Mass.

- Taunton Mill Rive Place, One Washington St.
- Fall River 1567 North Main Street
- New Bedford 98 North Front Street
- Brockton 110 Mulberry Street
- Braintree 220R Forbes Road
- Plymouth 61 Industrial Park Road
- Hyannis 500 Main Street
- Martha's Vineyard
- Nantucket
- M.C.I. North Dartmouth

#### Northeast/Merrimack Valley

- Salem 45 Congress St.
- Haverhill 3 Ferry Street, Bradford
- Lawrence 280 Merrimack Street
- Lowell 33 E. Merrimack Street
- Lynn 330 Lynnway
- Malden 22 Pleasant Street

### Terms and Conditions

In addition to submitting an application, all applicants are required to download and mail in a completed Background Record Request Form with original signature as well as a copy of photo identification.

I grant permission to the Foster Care Review Unit to conduct a Background Record check and a Name Search of the D.C.F. Central Registry in order to request and obtain the information that the Department of Children and Families requires for the purpose of selecting Volunteer Case Reviewers.

I understand that my application does not ensure my appointment as a Volunteer Case Reviewer.  
I also understand that to be a Volunteer Case Reviewer, I must attend the training sessions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date