

Cape Cod Lighthouse Charter School

CORI Information

Volunteers are an integral part of the CCLCS program, so much so that to measure the contributions made to this school by our volunteers is impossible. We depend on and welcome your participation, but to address Federal regulations, we are required to request background checks on volunteers who have “direct and unmonitored contact with children.”

If you choose to participate in volunteer projects involving students in which there is a reasonable possibility you could be alone with a student without a member of the staff present, we will need to have a [CORI form](#) clearance on file. Examples of such volunteer assignments: 6th grade site visits, field trip chaperone, coaching, recreation class driver, after school clubs, seminars, or tutoring.

If you choose to fill out the form and return to the office, we will submit them as they are received. If you choose to wait and submit the form once you have been asked to volunteer, we will begin the verification process at that time. The CORI is good for 3 years, so one form will cover your entire CCLCS career for one child. The results of CORI checks are maintained in a secure location within the school and only CORI authorized staff have access to the documents.

You can obtain a copy of your own CORI at no cost by submitting a personal record request to: Criminal History Systems Board, 200 Arlington Street, Chelsea, MA 02150 or at their web site: www.state.ma.us/chsb/CORI_Forms.html.

We look forward to your participation in our program. In fact, we couldn't go on without it!



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

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ 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, 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 _____

 (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 _____

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

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct

 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
 _____,

 (Organization)
 with written notice of this check.

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