Criminal Offender Record Information (CORI) Acknowledgement Form

The Archdiocese of Boston, Office of Background Screening is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, or volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Archdiocese of Boston, Office of Background Screening 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 the Archdiocese of Boston, Office of Background Screening with written notice of my intent to withdraw consent to a CORI check.

I also understand, that The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year from 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_________________________________________ DATE________________________

PLEASE CHECK ONE:

☐ Parish Volunteer – Ministering directly to children or having potential for interaction with children

☐ Parish Volunteer – Ministering to Elderly

☐ Priest ☐ Deacon ☐ Seminarian ☐ Paid Parish Staff ☐ Contractor

☐ Educator ☐ School Staff ☐ School Volunteer ☐ Pastoral Center

PLEASE CHECK ONE:

☐ Employee - Position/Title:________________________________________________________

☐ Volunteer - Position/Ministry:_____________________________________________________

PLEASE CHECK ONE:

NEW ☐ a FY21 NEW CORI – (I did not complete a CORI last year.)

RENEWAL ☐ a FY21 RENEWAL CORI – (I did complete a CORI last year.)
SUBJECT INFORMATION

The fields marked with an asterisk (*) are required by the Massachusetts Department of Criminal Justice Information Services (DCJIS) for CORI processing.

* First Name:________________________________________________________ Middle Initial:______

* Last Name:____________________________________________________ Suffix (Jr. Sr., etc.):_______

* Former Last Name 1/Maiden Name:_____________________________________________________

* 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

To be completed by Employee/Ministry Leader

The above information was verified by reviewing the following form(s) of government-issued identification:

_________________________________________________________________________________

VERIFIED BY: (Employee/Ministry Leader)

Print Name ________________________________________________________________________

Signature_________________________________________ Date__________________