girl scouts of eastern massachusetts

CHOOSE ONE METHOD TO RETURN A CORI/SORI ACKNOWLEDGEMENT FORM:

- PRESENT COMPLETED FORM IN PERSON TO A GSEMA OFFICE OR GSEMA CORI/SORI AUTHORIZED REPRESENTATIVE WHO WILL SIGN AND PROCESS.
- PRESENT COMPLETED FORM TO A NOTARY. MAIL NOTARIZED CORI/SORI FORM TO: GSEMA, 143 ABBOT STREET, ANDOVER, MA 01810

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
SEX OFFENDER REGISTRY INFORMATION (SORI)
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI/SORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Girl Scouts of Eastern Massachusetts, Inc. is registered under the 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 **Girl Scouts of Eastern Massachusetts, Inc.** 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 **Girl Scouts of Eastern Massachusetts, Inc.** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Girl Scouts of Eastern Massachusetts, Inc.** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Girl Scouts of Eastern Massachusetts, Inc.** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI and SORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ SIGNATURE

_____ DATE

Information below this line is to be completed by a GSEMA CORI/SORI Authorized Representative or Notary Public.

IDENTIFICATION VERIFICATION

The information contained in this form was verified by reviewing the following form of government issued photographic identification:

	PLEASE INDICATE EXPIRATION DATE OF VOLUNTEER'S ID	PLEASE INDICATE VOLUNTEER'S DATE OF BIRTH FROM ID
_____ FORM OF IDENTIFICATION REVIEWED	_____/_____/20____ MM / DD / CC YY	_____/_____/_____ MM / DD / CC YY

_____
***SIGNATURE** OF CORI/SORI AUTHORIZED REPRESENTATIVE/NOTARY*

Notary Seal/Stamp

_____
***PRINTED NAME** OF CORI/SORI AUTHORIZED REPRESENTATIVE/NOTARY*

PLEASE PRINT CLEARLY

TODAY'S DATE: _____/_____/20____
MM / DD / CC YY

5 DIGIT TROOP #:(if known)_____

_____
MY TROOP MEETS IN THIS TOWN (if applicable)

REASON FOR CORI/SORI:

- ☐ Troop Leader
- ☐ Assistant Troop Leader
- ☐ Support Volunteer for a Troop
- ☐ Other Volunteer Role (Specify)_____
- ☐ For Home Meeting Request Only
- ☐ Staff
- ☐ Camp Staff

_____ _____ _____
CURRENT LEGAL LAST NAME FIRST NAME (not nickname) MIDDLE NAME (on birth certificate)

_____ _____
YOUR MAIDEN NAME (if applicable) PREVIOUS MARRIED NAME(S) OR OTHER ALIAS (if applicable)

YOUR DATE OF BIRTH: _____/_____/_____
MM / DD / CC YY

YOUR PLACE OF BIRTH: _____
(City/Town & State)

SOCIAL SECURITY NUMBER (LAST 6 DIGITS ARE REQUIRED) X X X - ___ ___ - ___ ___ ___ ____

I HAVE LIVED IN THE COMMONWEALTH OF MASSACHUSETTS FOR THE LAST SEVEN (7) YEARS: ☐ YES ☐ NO
IF NO, WE WILL ALSO PROCESS A NATIONWIDE CRIMINAL BACKGROUND CHECK.

YOUR CURRENT ADDRESS: _____
Street City State Zip

YOUR PREVIOUS ADDRESS: _____
Street City State Zip

_____ _____
TELEPHONE NUMBER ☐ HOME ☐ CELL EMAIL ADDRESS

SEX: _____ HEIGHT: ____ FT. ____ IN. EYE COLOR: _____ RACE: _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____

_____ _____
YOUR MOTHER'S FULL MAIDEN NAME YOUR FATHER'S FULL NAME