

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**

<i>For South Shore YMCA Use Only</i>		
Supervisor Requesting	_____	
Department	_____	
Branch	_____	
<input type="checkbox"/> Volunteer	<input type="checkbox"/> General Employee	<input type="checkbox"/> Camp Employee

The South Shore YMCA is registered under the provisions of M.G.L. c. 6, I 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, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The South Shore YMCA 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 South Shore YMCA with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT OR VOLUNTEER PURPOSES ONLY:** The South Shore YMCA may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that The South Shore YMCA must first provide me with written notice of this check.

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

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SUBJECT INFORMATION:**

\_\_\_\_\_

Last Name

First Name

Middle Name

Suffix

\_\_\_\_\_

Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Place of Birth

Social Security Number (required) : \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_ Height: \_\_\_ ft. \_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_

Mother's Full Maiden Name

\_\_\_\_\_

Father's Full Name

Name Current and Former Addresses:

\_\_\_\_\_

Street Number & Name City/Town State Zip

\_\_\_\_\_

Street Number & Name City/Town State Zip

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_ Signature of Verifying Employee



## **SORI REQUEST**

### **SOUTH SHORE YMCA**

The Commonwealth of Massachusetts Sex Offender Registry Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.* All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution. The information below is correct to the best of my knowledge.

#### **APPLICANT/EMPLOYEE INFORMATION (Please Print CLEARLY)**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (if applicable)

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ SOCIAL SECURITY #: \_\_\_-\_\_\_-\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Applicant/Employee Signature**

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF SORI AUTHORIZED EMPLOYEE

08/01/2010