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

Please print first and last name: _____________________________________________________________  
If known, please provide: Troop #: ______________   Service Unit Name or Number: ______________

**REASON FOR CORI/SORI:**  

☐ Troop Leader / Assistant Troop Leader  ☐ Board Member  
☐ Friends and Family Network  ☐ National Delegate  
☐ Troop Fall Product / Cookie Coordinator  ☐ Museum Volunteer  
☐ Troop Treasurer  ☐ STEM Conference Volunteer  
☐ Service Unit Volunteer  ☐ Other Volunteer Role:____________________  
☐ For Meeting on Private Property Request Only  ☐ Staff / Camp Staff
VOLUNTEER INFORMATION (PLEASE PRINT)

Last Name: ____________________  First Name: ____________________  MI: __

Former Name(s):

__________________________________________________________________________  ____________

Date of Birth: ____/_____/______  Place of Birth: ________________________________

MM / DD / YYYY

Last SIX digits of Social Security Number:   ___  ___  -  ___  ___  ___

☐ Yes  ☐ No

I have lived in Massachusetts for the last seven (7) years.
If NO, we will also process a nationwide criminal background check.

Current address: ___________________________________________________________________

Street  City  State  Zip

Previous address: ___________________________________________________________________

Street  City  State  Zip

Phone Number: __________________________  Email Address: ________________________________

Driver’s License or ID Number: ________________________________  State of Issue: ____________

__________________________________________________________________________  ____________

Your Parent’s Full Name     Your Parent’s Full Name

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  Please indicate GS Volunteer’s
Date of GS Volunteer’s ID  Date of Birth from ID

_________________________  ______/_____/20__  ______/_____/______

Form of Identification Reviewed  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

(This is a two-part form. Please be sure to complete both sides/pages.)  OCTOBER 2022