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

~ This is a two-part form. Please be sure to complete both sides/pages ~

AUGUST 2017
This is a two-part form. Please be sure to complete both sides/pages.

**PLEASE PRINT CLEARLY**

TODAY’S DATE: _______/_____/20____

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: _______/_____/_______

YOUR PLACE OF BIRTH: ____________________________

(City/Town & State)

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

[ ] YES [ ] NO I HAVE LIVED IN MASSACHUSETTS FOR THE LAST SEVEN (7) YEARS.

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 ____________________________