



CHOOSE ONE METHOD TO RETURN A CORI ACKNOWLEDGEMENT FORM:

- PRESENT COMPLETED FORM IN PERSON TO A GSEM OFFICE OR GSEM CORI AUTHORIZED REPRESENTATIVE WHO WILL SIGN AND PROCESS.
- PRESENT COMPLETED FORM TO A NOTARY. MAIL NOTARIZED CORI FORM TO: GSEM, 1740 TURNPIKE STREET, NORTH ANDOVER, MA 01845

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI 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 only by a
GSEM CORI 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:*

EXPIRATION DATE OF ID

PLEASE INDICATE VOLUNTEER'S
DATE OF BIRTH FROM ID

____/____/20____

____/____/19____

FORM OF IDENTIFICATION REVIEWED

MM / DD / YYYY

MM / DD / YYYY

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED REPRESENTATIVE / NOTARY

PRINTED NAME OF CORI AUTHORIZED REPRESENTATIVE / NOTARY

SERVICE UNIT NAME: _____

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
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(PLEASE PRINT CLEARLY)

TODAY'S DATE: ____/____/20____
MM/ DD / YYYY

5 DIGIT TROOP #: _____

REASON FOR CORI:

- ☐ Advisor or Leader for a Troop/Group
- ☐ Assistant Advisor or Leader for Troop/Group
- ☐ Support Volunteer for a Troop/Group
- ☐ 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: ____/____/19____ **YOUR PLACE OF BIRTH:** _____
MM / DD / YYYY (City/Town & State)

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

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