

Diocese of Springfield

Office of Safe Environment and Victim Assistance (OSEVA)

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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

The Diocese of Springfield is registered under the provisions of MGL.c 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective, employees, subcontractors, or volunteers.

As a prospective or current employee, subcontract, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide to the Diocese of Springfield, Office of Safe Environment 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 Diocese of Springfield, Office of Safe Environment with written notice of my intent to withdraw consent to a CORI check.

I understand, that The Diocese of Springfield, Office of Safe Environment may conduct subsequent CORI checks within one year from the date this form was signed by me. By signing below, I provide my consent to a CORI check and affirm that the information provided on this Acknowledgment Form is true and accurate.

SIGNATURE _____ DATE _____

Minor -Legal Guardians Signature _____ DATE _____

PLEASE CHECK:

- Parish Volunteer – Direct or unmonitored contact with children All other Parish Volunteer (not with children or vulnerable)
- Parish Volunteer – Ministering to persons over the age of 60, persons with disabilities, and other vulnerable population
- Priest Deacon Seminarian Paid Parish Staff Early Education
- Educator/School School Staff School Volunteer Contractor/Vendor Camp

Employee –Diocese Location/Position: _____

Volunteer –Diocese Location/Position: Blessed Sacrament - School Parent

Blessed Sacrament Holyoke
NAME OF PARISH/SCHOOL/AGENCY SUBMITTING CORI CITY/TOWN

The fields marked with an asterisk (*) are required by the Massachusetts department of Criminal Justice Information Services (DCJIS) for CORI processing.

******Please attach a copy of your U.S. Government Issued ID: Driver's License or Passport (COPY for OSEVA)**

*Last Name (print): _____ Middle Initial: _____

*First Name (print): _____ Suffix (Jr., Sr., etc.): _____ Female Male

*Maiden Name or Former Last Names: _____

*Date of Birth (MM/DD/YYYY): _____ *Last SIX digits Social Security Number: _____ - _____

*Driver's License or ID Number: _____ *State Issue: _____ Expiration Date: _____

*Street Address: _____ *City: _____ *State: _____ * Zip: _____

Have you lived in Massachusetts for more than 3 years: YES NO

State other than MA International Where: _____

Email: _____ Phone: _____

Parish or School VERIFICATION The above information was verified by reviewing the following form(s) of government-issued identification:

Verified By: _____

Printed Name of Verifying Parish/School Employee/Volunteer

Signature of Verifying Employee/Volunteer

Date