

Last Night

In association with WASA



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
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MASS.GOV/CJIS



Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Westford Against Substance Abuse

is registered under the

(Organization)

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 Westford Against Substance Abuse

(Organization)

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 Westford Against Substance Abuse

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Westford Against Substance Abuse may conduct

(Organization)

subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that

Westford Against Substance Abuse

, must first provide me

(Organization)

with written notice of this check.

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

Signature of CORI Subject

Date

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SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.

*First Name: _____ Middle Initial: _____

*Last Name: _____ Suffix (Jr., Sr., etc.): _____

*Former Last Name 1: _____

*Former Last Name 2: _____

*Former Last Name 3: _____

*Date of Birth (MM/DD/YYYY): __ / __ / _____

*Last **SIX** Digits of Social Security Number: __ -- _____

Driver's License Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

*Current Street Address: _____

*City: _____ *State: _____ *Zip: _____

VOLUNTEER INFORMATION:

Email: _____ Phone number: _____

Home () Mobile () Work ()

What committee would you like to help with? _____

Don't know? Would you like to help:

_____ **Before the event** (before graduation and graduation day from 11am to 8pm) – fundraising, prep work, decorating

_____ **During the event** (day of graduation from 9pm to 3am) – interacting with the graduates throughout the night

_____ **After the event** (day after graduation from 5am to 9am)– cleanup and packing up

* volunteers are usually assigned 2 to 4 hour shifts during the times listed