Diocese of Springfield

Office of Safe Environment and Victim Assistance (OSEVA) 65 Elliot Street, PO Box 1730, Springfield, MA 01102-1730 Telephone: 413-452-0662 Fax: 413-452-0678 E-Mail: p.denno@diospringfield.org

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		sh Volunteer (not with childro	en or vulnerable)
□ Parish Volunteer – Ministering to persons over the age of 60, pers			_
Priest Deacon Semin		Parish Staff	Early Education
Educator/School School Staff School	Volunteer 🗌 Cont	ractor/Vendor	🗆 Camp
Employee – Diocese Location/Position:			
□Volunteer –Diocese Location/Position:			
NAME OF PARISH/SCHOOL/AGENCY SUBMITTING CORI		CITY/TOWN	
The fields marked with an asterisk (*) are required by the Massachusetts depa	rtment of Criminal Justice Infor	mation Services (DCJIS) for CORI	processing.
**** Please attach a copy of your U.S. Government Issued ID	: Driver's License or Pas	sport (COPY for OSEVA)	
*Last Name (print):		_ Middle Initial:	
*First Name (print):	Suf	fix (Jr., Sr., etc.):	Female 🗌 Male 🗌
*Maiden Name or Former Last Names:			
Date of Birth (MM/DD/YYYY):	_ <i>Last SIX digits</i> Social S	ecurity Number:	·
*Driver's License or ID Number:	*State Issue:	Expiration Dat	te:
*Street Address:	*City:	*State:	* Zip:
Have you lived in Massachusetts for more than 3 years: \Box YES			
\Box State other than MA \Box International Where:			
Email:	Phone	2:	
Parish or School VERIFICATION The above information was verifi	ed by reviewing the following	ng form(s) of government-issu	ued identification:
Verified By:			
Printed Name of Verifying Parish/School Employee/Volunteer	Signature of Verifying Emp	oyee/Volunteer	Date

Date