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111 East Grove Street  
Middleboro, MA 02346  
T 508 923 0800  
F 508 923 7676

265 Beaver Street  
Waltham, MA 02452  
T 781 893 6113  
F 781 893 0022

THIS FORM MUST BE RETURNED IN PERSON TO A GSEM CORI AUTHORIZED REPRESENTATIVE.  
IT MUST NOT BE MAILED OR FAXED TO GSEM OR ANY OTHER ORGANIZATION.

### 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 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 GSEM CORI Authorized Representative only.*

### 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

\_\_\_\_\_  
FORM OF IDENTIFICATION REVIEWED

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
MM / DD / CC YY

\_\_\_\_/\_\_\_\_/19\_\_\_\_  
MM / DD / CC YY

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
PRINTED NAME OF CORI AUTHORIZED REPRESENTATIVE

SERVICE UNIT NAME: \_\_\_\_\_

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

**(PLEASE PRINT CLEARLY)**

TODAY'S DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
MM / DD / CC YY

5 DIGIT TROOP #: \_\_\_\_\_

**REASON FOR CORI:**

- ☐ Advisor or Leader for a Troop/Group (01)
- ☐ Assistant Advisor or Leader for Troop/Group (02)
- ☐ Support Volunteer for a Troop/Group (03)
- ☐ 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\_\_\_\_  
MM / DD / CC YY

**YOUR PLACE OF BIRTH:** \_\_\_\_\_  
(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