



To All Prospective Volunteers:

The Commonwealth of Massachusetts, to protect children, requires that school officials obtain criminal background information to determine the suitability of volunteers who may have direct and unmonitored contact with children. This information is obtained through two sources: the CORI (Criminal Offender Record Information) system, which stores information on Massachusetts criminal history, and the MA RMV (Massachusetts Registry of Motor Vehicles), which provides Unattested Driving Records for the State of Massachusetts.

As a volunteer of Covenant Christian Academy, you are required to consent to a CORI check, which is repeated every three years. If you anticipate driving any vehicle (personal or school-owned) to transport students at any time, you must also consent to a driving record check on an annual basis. The cost for the CORI fee is \$25.65 and will be invoiced via FACTS. You will also need to have your valid driver's license available. There is no fee associated with the MA RMV Driver Application.

CORI and MA RMV consent forms are due before any volunteer opportunities. All background check and driver application results are kept confidential and are made available directly to Covenant Christian Academy.

Your opportunity to volunteer, chaperone, or drive is conditioned upon a determination by Covenant Christian Academy that based on the results of your CORI and MA RMV Unattested Driver Record you are suitable for either or both opportunities.

Results of the Covenant Christian Academy Criminal History Background Check and the MA RMV Driver Records are available upon request.

Please sign below indicating your understanding and acknowledgement of these conditions of volunteer opportunities, and the required state and national criminal background checks.

Printed Name

Signature

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200**
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(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 _____
(Organization)

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

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of 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 Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



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: _____

Former Last Name 4: _____

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

* Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

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

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date