Diocese of Springfield

Office of Safe Environment and Victim Assistance (OSEVA)
65 Elliot Street, PO Box 1730, Springfield, MA 01102-1730
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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 ☐ 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

PLEASE CHECK AND COMPLETE LOCATION:

☐Employee –Location/Position/Title: _____

☐Volunteer – Location/Position/Title: _____

Employed Additional Locations: _____

Additional Locations: _____

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: _____

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