



You must have this form notarized **or** signed by a GSEMA authorized signer.  
Mail completed form to: **GSEMA, 265 Beaver Street, Waltham, MA 02452**

CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
SEX OFFENDER REGISTRY INFORMATION (SORI)  
ACKNOWLEDGEMENT FORM

To be used by organizations conducting CORI/SORI 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 and SORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please print first and last name: \_\_\_\_\_

If known, please provide: Troop #: \_\_\_\_\_

REASON FOR CORI/SORI:

- |   |   |
|---|---|
| <input type="checkbox"/> Troop Leader / Assistant Troop Leader        | <input type="checkbox"/> Board Member                       |
| <input type="checkbox"/> Friends and Family Network                   | <input type="checkbox"/> National Delegate                  |
| <input type="checkbox"/> Troop Fall Product / Cookie Coordinator      | <input type="checkbox"/> Museum Volunteer                   |
| <input type="checkbox"/> Troop Treasurer                              | <input type="checkbox"/> GSEMA Event Volunteer              |
| <input type="checkbox"/> Service Unit Volunteer                       | <input type="checkbox"/> <u>Other Volunteer Role:</u> _____ |
| <input type="checkbox"/> For Meeting on Private Property Request Only | <input type="checkbox"/> Staff / Camp Staff                 |

(This is a two-part form. Please be sure to complete both sides/pages.)

## VOLUNTEER INFORMATION (PLEASE PRINT)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Former Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
MM / DD / YYYY

Last SIX digits of Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Yes ☐ No

I have lived in Massachusetts for the last seven (7) years.  
If NO, we will also process a nationwide criminal background check.

Current address: \_\_\_\_\_  
Street City State Zip

Previous address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Your Parent's Full Name

\_\_\_\_\_  
Your Parent's Full Name

*Information below this line is to be completed by a GSEMA CORI/SORI Authorized Representative or Notary Public.*

### IDENTIFICATION VERIFICATION

*The information contained in this form was verified by reviewing the following form of government issued photographic identification:*

	Please indicate Expiration Date of GS Volunteer's ID	Please indicate <u>GS Volunteer's</u> Date of Birth from ID
_____ Form of Identification Reviewed	____/____/20____ MM / DD / CC YY	____/____/____ MM / DD / CC YY

\_\_\_\_\_  
Signature of CORI/SORI Authorized Representative/Notary

Notary Seal/Stamp

\_\_\_\_\_  
Printed Name of CORI/SORI Authorized Representative/Notary