

## St. Matthew's United Methodist Church

435 Central Street, Acton, MA 01720

(978)263-2822

SMUMC FE 660

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, AND SUBCONTRACTOR PURPOSES.

St. Matthew's United Methodist Church 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, and volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to St. Matthew's United Methodist Church 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 St. Matthew's United Methodist Church written notice of my intent to withdraw consent to a CORI check.

## FOR EMPLOYMENT AND VOLUNTEERS ONLY:

St. Matthew's United Methodist Church may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that St. Matthew's United Methodist Church 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	

## SUBJECT INFORMATION:

*Last Name		*First Name		Middle Name	Suffix
Maiden Name (or ot	her name(s) by	which you have been	known)		
*Date of Birth	,	Place of Birth			
*Last Six Digits of Y	Your Social Sec	urity Number:		_	
Sex: Height	:ftin.	Eye Color:	Race:		
Driver's License or l	ID Number:		State of Is	ssue:	
Mother's Full Maide	en Name	Father's	Full Name		
Current and Former	Addresses:				
Street Number & Na	nme	City/Town		State	Zip
Street Number & Na	ume	City/Town		State	Zip
The above informati identification:	on was verified	by reviewing the foll	owing form(s)	) of government-i	ssued
VERIFIED BY:	Name o	of Verifying Employed	e (Please Print	<u>(i)</u>	
	Si	gnature of Verifying I	Employee		