## **Diocese of Springfield**

Office of Safe Environment and Victim Assistance (OSEVA) 65 Elliot Street, PO Box 1730, Springfield, MA 01102-1730 Telephone: 413-452-0662 Fax: 413-452-0678

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## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

Michael Collins, Director, OSEVA

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

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SIGNATURE			DATE		
Minor - Legal Guardians Signature			DATE		
Minor - Legal Guardian I	Email Address				
PLEASE CHECK:					
	ct or unmonitored contact with children		Volunteer (not with child	lren or vulnerable)	
	stering to persons over the age of 60, p				
☐ Priest		ninarian $\square$ Paid Pa <b>ool</b> Volunteer $\square$ Contrac	rish Staff ctor/Vendor	☐ Early Education	
☐ Educator/ <b>School</b> ☐ <b>Minor</b> Volunteer	☐ Minor volunteer - enrolled in Dio			•	
	tion/Position:				
NAME OF PARISH/SCHOOL/AGENCY SUBMITTING CORI  The fields marked with an asterisk (*) are required by the Massachusetts department			CITY/TOWN		
	py of your U.S. Government Issued	•	` '	RI processing.	
*Last Name (print):			Middle Initial:		
*First Name (print):		Suffix	Suffix (Jr., Sr., etc.): Female   Male		
*Maiden Name or Forme	er Last Names:				
*Date of Birth (MM/DD/YYYY):**Last SIX digits Social Security Number			urity Number:		
*Driver's License or ID N	umber:	*State Issue:	Expiration D	ate:	
*Street Address:		*City:	*State:	* Zip:	
Have you lived in Massachusetts for more than 3 years: $\square$ YES $\square$ NO					
$\square$ State other than MA	☐International Where:				
Email:	Email: Phone:				
Parish or School VERIF	ICATION The above information was ve	erified by reviewing the following t	form(s) of government-is	sued identification:	
Verified by:					
	Parish/School Employee/Volunteer	Signature of Verifying Employ	ee/Volunteer	Date	
<del></del>					

CORI 7-2024 DJA.docx

Date