



**EMPLOYEE/VOLUNTEER  
CORI REQUEST FORM**

**CHAPTER 6, §172H CORI CHECK CONSENT FORM**

After the offer of an employment position, and before an employee may begin work, the YMCA of Greater Boston must request all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H, which mandates these checks for organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding staff and volunteers.

In addition, we are requesting consent to check the Massachusetts Sexual Offenders Registry and the 50-state Sex Offender database in order to ensure the safety of all our members, participants, and staff. **Please fill out the separate SORI form as well.**

By signing this form you agree to these background checks. If adverse action is taken as a result of this check you will be provided with the results in order to contest any records you believe to be incorrect.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Address: \_\_\_\_\_ Dates at that address: \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Social Security Number (Required) \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Eye color: \_\_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in.

Driver's license number: \_\_\_\_\_

State issuing license: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
\*Applicant Signature (Required Field)

The above information was verified by reviewing the following form of government issued photographic identification:

Job to be performed by applicant: \_\_\_\_\_

Check applicant's future status: Camp \_\_\_\_\_ Volunteer \_\_\_\_\_ Employee \_\_\_\_\_

\_\_\_\_\_  
Name of Hiring Manager \*\*

\_\_\_\_\_  
Signature of Hiring Manager \*\*

\_\_\_\_\_  
Name of YMCA Branch \*\*

For all Employees and Volunteers who have resided in a U.S. State outside of Massachusetts in the past five years



OUT OF STATE CORI

CONSENT FOR RELEASE OF INFORMATION

534

IMI Data Search, Inc. Background Screening Since 1988

Please fill in the following information for background identification purposes: PLEASE PRINT CLEARLY

Legal Name (as it appears on your driver's license or I.D. card):

Print: \_\_\_\_\_
First Middle Last

Indicate ANY OTHER NAMES you have used including MAIDEN NAME, and other MARRIED NAMES (Past 7 Years):

Print: \_\_\_\_\_

List all addresses where you have lived within the past Seven (7) years. List your current address first.

Table with 5 columns: STREET, CITY, STATE, ZIP, Approx Dates. Multiple empty rows for address entry.

Driver License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you been convicted of a crime? Yes \_\_\_ No \_\_\_ Approximate Dates: \_\_\_\_\_

Please provide county and state along with brief description: \_\_\_\_\_

California Applicants: Do not disclose a conviction a) that is more than seven years old; b) that was judicially expunged or sealed; c) for a marijuana-related offense over two years old; d) if you completed a pre-trial or post-trial diversion program; or, e) for a misdemeanor for which probation was successfully completed or discharged and the case was judicially dismissed. According to California Senate Bill Amendment AB1068 & AB2868, you can request a copy of your background report.

Please check if you would like a copy of your background report sent to you: \_\_\_\_\_

In accordance with the Privacy Act (5 U.S.C. 552a), Freedom of Information Act and the Fair Credit Reporting Act, I expressly authorize any person associated with any educational institution, past or present employer (including federal/state/local governments), any military organizations (federal or state), any law enforcement agency (federal/state/local), Department of Motor Vehicles, any credit reporting agency, any private/public medical institution or office, or any person who has personal knowledge of my character, work history and overall mode of living to RELEASE this information to the background agency for the purpose of my being considered for employment. I hereby agree to RELEASE IMI Data Search, Inc., employees, agents and any other persons or other entities from any and all liability for damages of whatever kind or nature, whether known or unknown, which may at any time accrue to me on account of 1) reliance by such persons or entities on the information submitted in my employment application, 2) reliance by such persons or entities on the information obtained pursuant to this authorization, 3) compliance with or any attempt to comply with this authorization and 4) termination of my employment based on information obtained pursuant to this authorization. I have read the above disclosure and hereby authorize a consumer report and/or investigative report be obtained as described above. I hereby authorize a copy of this RELEASE and NOTIFICATION to be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
SEX OFFENDER REGISTRY BOARD

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: **YMCA of Greater Boston** Date of birth: \_\_\_\_\_  
Address: **316 Huntington Ave** Telephone number: **(617) 927-8121**  
**Boston, MA 02115**

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name (PLEASE PRINT): \_\_\_\_\_

Date of birth or approximate age: \_\_\_\_\_

Address: \_\_\_\_\_

Personal identifying characteristics:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Other information (e.g. license plate number, parents' names, etc.): \_\_\_\_\_

\*\*\*\*\*WARNING\*\*\*\*\*

**SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C - 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).**

YMCA Branch: 440

Employee

Volunteer