BOY SCOUTS OF AMERICA®
YANKEE CLIPPER COUNCIL

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

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

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

Yankee Clipper Council, Inc., BSA 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 **Yankee Clipper Council, Inc., BSA** 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 **Yankee Clipper Council, Inc., BSA** with written notice of my intent to withdraw consent to a CORI check

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Yankee Clipper Council, Inc., BSA**, on may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Yankee Clipper Council, Inc., BSA** 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

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Print Form

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SUBJECT INFORMATION:

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

(PLEASE PRINT CLEARLY)

_____

*LAST NAME *FIRST NAME (not nickname) MIDDLE NAME SUFFIX

_____

MAIDEN NAME (OR OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN)

_____/_____/_____ _____

*DATE OF BIRTH: PLACE OF BIRTH:

***LAST SIX DIGITS OF YOUR SOCIAL SECURITY NUMBER:** **X X X-___ ___ - ___ ___ ___ ____**

SEX: M HEIGHT: ____ FT. ____ IN. EYE COLOR: _____ RACE: _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____

_____ _____

MOTHER'S FULL MAIDEN NAME FATHER'S FULL NAME

CURRENT ADDRESS:

_____

Street Number and Name City State Zip

FORMER ADDRESS:

_____

Street Number and Name City State Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

Print Form

_____

_____

Verified by: _____

Name of Verifying Employee (Please Print)

_____

Signature of Verifying Employee

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