Town of Harwich

Recreation Department, 100 Oak Street, Harwich, MA 02645

Criminal Offender Record Information (CORI) Acknowledgement Form and Sex Offender Registry Information (SORI) Request

PLEASE CHECK APPROPRIATE BOX: I am a _____ Volunteer ____ Subcontractor/Vendor ____ Employee

FOR (associated program/event) _____ (i.e. Summer/Beach, Sports, After School)/Playground

The Town of Harwich Recreation Department 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 the Town of Harwich Recreation Department to submit a CORI check for my information to 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 Town of Harwich Recreation Department with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Harwich Recreation Department may conduct subsequent CORI checks within one year of the date of this form was signed by me, provided, however, that the Town of Harwich Recreation Department must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on this Acknowledgement Form is true and accurate.

Additionally, the Town of Harwich Recreation Department will conduct a Sexual Offender Registry Information check (SORI) through the Commonwealth's Sex Offender Registry Board.

_____ _____

Signature of CORI/SORI Subject Date

SUBJECT INFORMATION (Please Print)

First Name: _____ M: _____ Last Name: _____

Maiden Name or Alias (if applicable) _____

Date of Birth (MM/DD/YYYY) _____ Last **SIX** digits of Social Security Number __ __ - __ __ __ __

Current Address _____

Former Address (if applicable) _____

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

_____

_____ _____ _____

Print Name of Verifying Employee Signature of Verifying Employee Date