



NEWTON FOOD PANTRY

1000 Commonwealth Avenue, Newton, MA 02459
Telephone: (617) 928-6021

Criminal Offender Record Information (CORI) Acknowledgement Form

The Newton Food Pantry is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Newton Food Pantry 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 Newton Food Pantry with written notice of my intent to withdraw consent to a CORI check.

I also understand that The Newton Food Pantry may conduct subsequent CORI checks within one year of 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 Page 3 of this Acknowledgement Form is true and accurate. I also acknowledge receipt of the Newton Food Pantry's CORI Policy.

_____	_____	_____
Printed Name of CORI Subject	Signature of CORI Subject	Date

(NOTE: To be signed in front of a Notary Public)



NEWTON FOOD PANTRY

1000 Commonwealth Avenue, Newton, MA 02459
Telephone: (617) 928-6021

Information below this line is to be completed by a Notary Public.

SIGNATURE DATE AND AUTHENTICATION OF SIGNATURE:

The information contained in this form was verified by reviewing the following form of government issued photographic identification:

Please Indicate Expiration Date of Volunteer's ID
from ID

Please Indicate Volunteer's Date of Birth

____/____/20____

____/____/____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was _____ (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Notary Seal/Stamp

Official Signature of Notary

Printed Name of Notary

Date my Commission Expires _____



NEWTON FOOD PANTRY
10000 Commonwealth Avenue, Newton, MA 02459 Tel.: (617) 928-6021

SUBJECT INFORMATION

First Name _____ Middle Initial: _____

Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

Last **SIX** digits of Social Security Number: _____ -- _____ No Social Security Number

*Theft Index Pin (If Applicable): _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Your Current Address: _____
Street City State Zip

Your Previous Address: _____
Street City State Zip

Telephone Number Home Cell _____ Email Address _____

DO NOT WRITE BELOW THIS LINE

SUBJECT VERIFICATION:

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

Verified by: _____

(Print Name of Verifying of CORI Authorized Volunteer)

Signature of Verifying Employee _____ Date _____

*The Criminal History Systems Board (CHSB) Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to (617) 660-4614.**