

Bolton Youth Baseball  
P. O. Box 52  
Bolton, Ma. 01740  
Peter Roger, President  
617-438-0313

BYB  
172H  
FE1062

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

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

**Bolton Youth Baseball** 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 Bolton Youth Baseball 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 **Bolton Youth Baseball** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

**Bolton Youth Baseball** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Bolton Youth Baseball** 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

SUBJECT INFORMATION:

\_\_\_\_\_  
Last Name                                      First Name                                      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: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee

FOR LEAGUE USE ONLY