



Nashoba Youth Basketball

CORI ACKNOWLEDGMENT FORM

Volunteer Position: _____ Team(s): _____

Nashoba Youth Basketball 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 volunteers. As the 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 Nashoba Youth Basketball to submit a CORI check for my information. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Nashoba Youth Basketball with written notice of my intent to withdraw consent to a CORI check. For volunteer purposes only: Nashoba Youth Basketball may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Nashoba Youth Basketball must first provide me with written notice of this check 72 hours in advance. By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgment Form is true and accurate.

Volunteer Signature

Today's Date

Volunteer Information (Please Print)

Last Name: _____ First Name: _____ MI: _____

Current Address: _____

Former Address(es): _____

Maiden Name or Alias (If Applicable): _____ Place of Birth: _____

Date of Birth: _____ Last 6 digits of Social Security Number: _____ - _____

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

State Driver's License Number (Include State) _____ ID Theft Index PIN*: _____

List any other name(s) or dates of birth that appear in DCJIS's database: _____

Mother's Full Maiden Name: _____ Father's Name: _____

*The Identify Theft Index PIN Number is not required and only for those applicants who have been issued an Identity Theft Index PIN Number by the DCJIS. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the Accuracy of the CORI request process.

For Official Use Only

I certify that the foregoing person was identified in conformity with policy using the following form of acceptable government-issued identification: (List ID Type) State Drivers License State Issued ID w/Photo Passport
 U.S. Military I.D. High School ID Card Other (obtain HR approval): _____

Signature of CORI-Authorized Employee: _____ Date: _____

Name and Position of CORI-Authorized Employee: _____

PLEASE SCAN OR COPY ONE OF THE REQUIRED FORMS OF ID LISTED ABOVE AND SUBMIT WITH YOUR FORM TO:

PARADISE99@JUNO.COM (preferred)

or mail to:

Lisa Paradis

49 Berlin Road

Bolton, MA 01740