



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**METROWEST YMCA**

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

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

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The MetroWest YMCA 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 MetroWest YMCA 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 MetroWest YMCA with written notice of my intent to withdraw consent to a CORI check.

The MetroWest YMCA may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the MetroWest YMCA 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: (please print)**

\_\_\_\_\_  
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 (required): \_\_\_\_\_ - \_\_\_\_\_

SEX: \_\_\_\_\_ 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 AND FORMER ADDRESSES:

\_\_\_\_\_  
STREET NUMBER & NAME                      CITY/TOWN                      STATE                      ZIP

\_\_\_\_\_  
STREET NUMBER & NAME                      CITY/TOWN                      STATE                      ZIP

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

Date Submitted: \_\_\_\_\_