



ARCHDIOCESE OF BOSTON
 66 BROOKS DRIVE
 BRAINTREE, MASSACHUSETTS 02184-3839

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Archdiocese of Boston, Office of Background Screening is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, or volunteers.

As a prospective or current employee, subcontractor, or 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 Archdiocese of Boston, Office of Background Screening 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 Archdiocese of Boston, Office of Background Screening with written notice of my intent to withdraw consent to a CORI check.

I also understand, that The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year from 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 2 of this Acknowledgement Form is true and accurate.

SIGNATURE _____

DATE _____

PLEASE CHECK ONE:

- Parish Volunteer – Ministering directly to children or having potential for interaction with children
- Parish Volunteer – Ministering to elderly
- Priest Deacon Seminarian Paid Parish Staff
- Educator School Staff School Volunteer Contractor Pastoral Center

PLEASE CHECK ONE:

- Employee - Position/Title: _____
- Volunteer - Position/Ministry: _____

PLEASE CHECK ONE:

- NEW a FY22 NEW CORI – (I did not complete a CORI last year.)
- RENEWAL a FY22 RENEWAL CORI – (I did complete a CORI last year.)

BLESSED SACRAMENT SCHOOL

WALPOLE

NAME OF AGENCY/PARISH/SCHOOL SUBMITTING CORI

CITY/TOWN

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required by the Massachusetts Department of Criminal Justice Information Services (DCJIS) for CORI processing.

* First Name: _____ Middle Initial: _____

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

* Maiden Name (if applicable): _____

* Former Last Name 2: (if applicable): _____

* Former Last Name 3: (if applicable): _____

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

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

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

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

Father's Full Name: _____

Mother's Full Name: _____

CURRENT ADDRESS

* Street Address: _____

* Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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

Verified By:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

(seal)

Notary Public Signature

CODE OF CONDUCT: STATEMENT OF AGREEMENT

I promise to strictly follow the rules and guidelines in this Code of Conduct as a condition of my providing services to the children and youth of the Archdiocese of Boston.

I WILL:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Never be alone with children and/or youth at Church or School activities.
- Use positive reinforcement rather than criticism, competition or comparison when working with children and/or youth.
- Maintain confidentiality in all matters related to normal parish or school business.
- Comply with the mandatory reporting regulations of the Commonwealth of Massachusetts and with the Archdiocesan Policies and Procedures to report suspected child abuse. I understand that failure to report suspected child abuse to civil authorities is against the law.
- Cooperate fully in any investigation of abuse of children and/or youth.

I WILL NOT:

- Touch a child and/or youth in a sexual or other inappropriate manner.
- Inflict any physical or emotional abuse such as striking, spanking, shaking, slapping, humiliating, ridiculing, threatening or degrading children and/or youth.
- Smoke or use tobacco products while engaging in activities with children and/or youth.
- Accept or give gifts to children or youth without the knowledge of their parents or guardians.
- Possess, or be under the influence of, alcohol at any time while working with children and/or youth.
- Possess, or be under the influence of, illegal drugs at any time.
- Use profanity in the presence of children and/or youth at any time.

I understand that as a person working with, and/or ministering to children and/or youth, I am subject to a criminal history background check. My signature confirms that I have read this Code of Conduct and that as a person working with and/or ministering to children and youth, I agree to follow these standards. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in removal of my ability to work with or perform volunteer work with children.

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____

