

Scituate Community Christmas 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.

Scituate Community Christmas has authorized Kelly Butterworth to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf. Scituate Community Christmas policy with respect to CORI is available for download from our website.

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 Scituate Community Christmas 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 Scituate Community Christmas with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact Scituate Community Christmas to request this information.

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. I understand that the information received will be good for one year and all paperwork, following verification, will be destroyed.

SIGNATURE

DATE

Please return page one and page two, signed and completed with a photocopy of your license or passport to Scituate Community Christmas, 125 Mann Hill Rd., Scituate, MA 02066 or by email to volunteer@scituatecommunitychristmas.org

*Last Name	*First Name	Middle Name		Suffix
Maiden Name (or	other name(s) by which	you have been k	nown)	
*Date of Birth	Place of Bir	th		
*Last Six Digits o	f Your Social Security Nu	mber:		
Sex:	Height:ft	_ in.		
Eye Color:	Rac	e:	_	
Driver's License	or ID Number:		State of Issue:	
Mother's Full Nar	ne including Maiden		Father's Full Name	
Current and Forn	ner Addresses:			
Street Number &	Name	City/Town	State	Zip
Street Number &	Name	City/Town	State	Zip
I am including a p	photocopy of my			
state issued d	river's license or			
US issued pass	sport			
VERIFIED BY:				
	g Person (Please Print)			
Signature of Veri	fying Person			

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