DIOCESE OF FALL RIVER ~ Office of Safe Environment
450 Highland Avenue, P.O. Box 2577, Fall River, Massachusetts 02722
TEL. (508) - 675-1311 ~ FAX. (888) - 505-1605 ~ Email: osechancery@dioc-fr.org

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Diocese of Fall River is registered under the provisions of M.G.L., Ch.6, and Sec. 172 H 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 for the position, please check one of the following:

Chancery/Admin ☐ ~ Priest ☐ ~ Deacon ☐ ~ Paid Parish Staff ☐ ~ Parish Volunteer ☐ ~ Sub-Contractor ☐

Educator ☐ ~ School Staff ☐ ~ Seasonal Employee ☐ ~ Coach ☐ ~ School Volunteer ☐ ~ Other _____

I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the Diocese of Fall River (DIOCFR) 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 DIOCFR written notice of my intent to withdraw consent to a CORI check. The DIOCFR may conduct subsequent CORI checks within one year of the date this Form that was signed by me provided, however, that the DIOCFR 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 in this Acknowledgement Form is true and accurate.

Organization: _____ **City or Town**:_____
(Indicate name of Parish, School, or Organization)

Applicant Signature:_____**Date:**_____

APPLICANT INFORMATION (Please print clearly)

_____, _____, _____, _____
***LAST NAME** ***FIRST NAME** **Middle Initial** **ALIAS**

_____, _____, _____
MAIDEN NAME **MOTHER'S MAIDEN NAME** **PLACE OF BIRTH**

***DOB: (MM/DD/YYYY)** _____/_____/_____, ***LAST *SIX* DIGITS OF SOCIAL SECURITY #**____ ____ - ____ ____ ____ ____

Please provide address information for the past ten (10) years from the date of this request.

CURRENT ADDRESS: _____,**Years lived**: _____
Street, Town or City, State, and Zip Code

FORMER ADDRESSES: _____,**Years lived**: _____
Street, Town or City, State, and Zip Code
(If needed, please use a separate sheet of paper for additional addresses and submit with this request.)

THIS FORM MUST BE ACCOMPANIED BY A VALID DRIVER'S LICENSE OR VALID GOVERNMENT PHOTO I.D. (REQUIRED BY LAW)

To be completed by the *DIOCESAN REPRESENTATIVE* verifying identification of the applicant.

FORM OF ID PROVIDED: _____ID#_____**ISSUING AUTHORITY**:_____
(Must be a government-issued photographic form of ID) (i.e. State)

_____ _____ _____
Printed Name and Position of Diocesan Verifying Employee **Signature of Verifying Diocesan Employee** **Date**

***REQUIRED FIELDS BY DJCIS** OSE 07.24.2018