



FIRST CHURCH IN CAMBRIDGE, CONGREGATIONAL
11 GARDEN STREET • CAMBRIDGE, MASS. 02138 • TELEPHONE 617-547-2724

**CRIMINAL OFFENDER RECORD INFORMATION (CORI) &
SEX OFFENDER RECORD INFORMATION (SORI)
ACKNOWLEDGEMENT FORM**

First Church in Cambridge, Congregational, UCC, ("First Church") 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.

First Church has chosen to obtain addition information on the above listed groups of individuals through the national public SORI database.

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 and SORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS) and the Sex Offender Registry Board (SORB). I hereby acknowledge and provide permission to First Church to submit a CORI and SORI check for my information to the DCJIS and the SORB. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI and SORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

First Church may conduct subsequent CORI and SORI checks within one year of the date this Acknowledgement Form was signed by me provided, however, that First Church first provides me with written notice of this check.

By signing below, I provide my consent to a CORI and SORI check and acknowledge that the information provided on page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Name (please print)



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SUBJECT INFORMATION: (A red asterisk (*) denotes a required field.)

 *Last Name *First Name Middle Name Suffix

 Maiden Name (or other names(s) by which you have been known)

 *Date of Birth Place of Birth

*Last Six Digits of your Social Security Number: ____ - _____

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