



Hull Public Schools

Office of the Superintendent

18 Harborview Road, Hull, Massachusetts 02045

781-925-4400, ext 1114 Fax 781-925-8042



VOLUNTEER

Criminal Offender Record Information (CORI) National Sex Offender Public Website (NSOPW) Acknowledgment Form

To be used by organizations conducting CORI/SORI checks for employment, volunteer, subcontractor, licensing and housing purposes.

Hull Public Schools is registered under the provisions of M.G.L. c.6, § 172 to receive CORI/SORI 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 and a SORI check will be submitted to the NSOPW. I hereby acknowledge and provide permission to **Hull Public Schools** to submit a CORI/SORI check for my information to the DCJIS and NSOPW. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Hull Public Schools** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

The **Hull Public Schools** may conduct subsequent CORI/SORI checks within one year of the date this form was signed by me, provided, however, that **Hull Public Schools** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI and NSOPW SORI check and affirm that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

Signature of CORI/SORI Subject

Date

REASON FOR CORI/SORI

- Classroom Volunteer
- Field Trip Chaperone
- Other non-employee status (please specify)

Beginning on _____ (date)

For the following school(s)

- Jacobs Elementary School
- Memorial Middle School
- Hull High School



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VOLUNTEER - SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI/SORI you are requesting.
The fields marked with an asterisk (*) are required fields.

PLEASE PRINT CLEARLY

* First Name: _____ Middle Initial: _____

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

Former Last Name(s): _____
List all that apply including maiden name and alias

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

* Last **SIX (6)** digits of Social Security Number: **X X X** -- ____ -- ____ **REQUIRED**

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

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

*Your Father's Full Name: _____

*Your Mother's Current Legal Name: _____

Your Mother's Maiden Name: _____

Current Address

* Street Address: _____

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

Email address: _____

SUBJECT VERIFICATION

INFORMATION BELOW TO BE COMPLETED BY HULL PUBLIC SCHOOLS REPRESENTATIVE

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: _____