



**CRIMINAL AND SEXUAL
OFFENDER RECORD
INFORMATION (CORI/SORI)
ACKNOWLEDGEMENT FORM**

Habitat for Humanity Of Cape Cod is registered under the provisions of M.G.L. c. 6, § 172 to receive a Criminal Offender Record Information (CORI) check and a Sex Offender Registry Information (SORI) check for the purpose of screening current and otherwise qualified prospective employees, board members and volunteers. As a prospective or current employee, board member or volunteer I understand that a CORI/SORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS).

I hereby acknowledge and provide permission to Habitat for Humanity of Cape Cod to submit a CORI/SORI check for my information to the DCJIS. This authorization is valid for three years from the date of my signature. I may withdraw this authorization at any time by providing Humanity Of Cape Cod with written notice of my intent to withdraw consent to a CORI/SORI check.

Humanity of Cape Cod may conduct subsequent CORI/SORI checks within three years of the date this form was signed by me provided, however, that Humanity of Cape Cod must first provide me with written notice of this check.

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

Signature

Date

Email address _____ Phone _____

Type of Volunteer: Construction Family Partner ReStore Other

A copy of your valid driver's license or passport must be submitted along with this form.

This form has two sides, please fill out both the front and back.

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Last Name First Name Middle Name

Maiden Name (or other name(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 Maiden Name: _____

Mother's Full Name: _____

Father's Full Name: _____

Current and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

SUBMITTED BY:

Signature / Date

YOU MUST PROVIDE A COPY OF YOUR DRIVER'S LICENCE OR PASSPORT WITH THIS FORM

If you do not wish to mail a copy of your government issued identification, you may come to the Habitat office and we will make a copy for you.

For office Use:

Government issued Identification Used: _____

VERIFIED BY: _____
Name of Verifying Employee (please print)

Signature of Verifying Employee