



PHOTO ID REQUIRED - SR

Marshfield Public Schools

76 South River Street – Marshfield, MA 02050 ■ (781)834-5000 ■ FAX (781)834-5070

Jeffrey W. Granatino
Superintendent

Ellen M. Martin, Ed. D.
Assistant Superintendent of Schools

Thomas J. Miller
Director of Business & Finance

Susan D. Dupuis, Ed. D.
Director Sped/Pupil Personnel

CORI ACKNOWLEDGEMENT FORM

Marshfield Public Schools 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 volunteers/chaperones.

As a prospective or current volunteer/chaperone, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Marshfield Public Schools 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 Marshfield Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR VOLUNTEER/CHAPERONE PURPOSES ONLY: The Marshfield Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided however, that Marshfield Public Schools 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 on this Acknowledge Form is true and accurate.

Volunteer/Chaperone Signature: _____ **Date:** _____

.....
Volunteer/Chaperone Information (PLEASE PRINT) The fields marked with an asterisk (*) are required fields.

* **First Name:** _____ **Middle Initial:** _____

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

Former Last Name 1: _____ Former Last Name 2: _____

Former Last Name 3: _____ Former Last Name 4: _____

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

* **Last SIX digits of Social Security Number:** ____ -- ____ No Social Security Number

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

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

Volunteer Father's Full Name: _____

Volunteer Mother's Full Name: _____

Current Address

* **Street Address:** _____

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

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification: **PHOTO ID REQUIRED**

Verified by: _____

Print Name of Verifying Employee

Signature of Verifying Employee

(SOUTH RIVER ELEMENTARY SCHOOL)

10-30-2015