girl scouts of eastern massachusetts
ALL TOGETHER
www.girlscoutseasternmass.org

95 Berkeley Street
Boston, MA 02116
T 617 482 1078
F 617 482 9045

111 East Grove Street
Middleboro, MA 02346
T 508 923 0800
F 508 923 7676

1740 Turnpike Street
North Andover, MA 01845
T 978 689 8015
F 978 688 1846

265 Beaver Street
Waltham, MA 02452
T 781 893 6113
F 781 893 0022

SPGSC
172H
FE068

Girl Scouts of Eastern Massachusetts, Inc. is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

(PLEASE PRINT CLEARLY)

TODAY'S DATE: _____/_____/_____ (MM / DD / YYYY) SERVICE UNIT NAME_____

POSITION APPLIED FOR: _____ TROOP #: _____

_____ CURRENT LEGAL LAST NAME
_____ FIRST NAME (not nickname)
_____ MIDDLE NAME (not maiden name)

_____ YOUR MAIDEN NAME (if applicable)
_____ PHONE NUMBER ☐ home ☐ cell

_____ PREVIOUS MARRIED NAME(S) OR OTHER ALIAS (if applicable)
_____ YOUR MOTHER'S MAIDEN NAME

DATE OF BIRTH: _____/_____/_____ (MM / DD / YYYY) PLACE OF BIRTH:_____ (City/Town & State)

_____ - _____ - _____ SOCIAL SECURITY NUMBER (requested but not required)
_____ ID Theft Index PIN ** (if applicable)

CURRENT ADDRESS: _____ (Street / City / State / Zip)

FORMER ADDRESS: _____ (Street / City / State / Zip)

SEX: _____ HEIGHT: ____ft. ____in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

Information below this line is to be completed by a GSEM CORI Authorized Representative only.

IDENTIFICATION VERIFICATION

THIS FORM MUST BE RETURNED IN PERSON TO A GSEM CORI AUTHORIZED REPRESENTATIVE.
IT MUST NOT BE MAILED OR FAXED TO GSEM OR ANY OTHER ORGANIZATION.

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION*:**

Date Reviewed: ____/____/_____

_____ (FORM OF IDENTIFICATION REVIEWED)
_____/____/_____ (EXPIRATION DATE)

REQUESTED BY: _____ *SIGNATURE OF CORI AUTHORIZED REPRESENTATIVE*
_____ *PRINTED NAME OF REPRESENTATIVE*

06-10-11

**The CHSB Identify Theft PIN Number is to be completed by those applicants that have been issued an Identify Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.
All CORI request forms that include this field are required to be submitted to the CHSB via mail or fax. Please contact volunteers@girlscoutseasternmass.org for the CHSB address and fax number.