



**Center for Human Services**  
**61 Center Street, Burlington, MA 01803**  
**Mailing Address: Town Hall 29 Center Street Burlington, MA 01803**

**Phone: (781)270-1695 · Fax: (781)270-1657**  
**recreation@burlington.org · www.burlingtonrecreation.org**

Burlington Parks & Rec 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, and volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Burlington Parks & Rec 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 the Burlington Parks & Rec written notice of my intent to withdraw consent to a CORI check.

Burlington Parks & Rec may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that Burlington Parks & Rec 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 is true and accurate.

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SIGNATURE

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DATE

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**EMPLOYEE/VOLUNTEER INFORMATION (Please Print)**

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\*Last Name

\*First Name

Middle Name

Suffix

Prior Last Names, Maiden, or other name(s) by which you have been known (if applicable)

\*Date of Birth

Place of Birth

XXX- \_\_\_\_\_ - \_\_\_\_\_  
\*Last Six Digits of Social Security #

Sex: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Parent Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Maiden/Former Last Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Maiden/Former Last Name \_\_\_\_\_

Current Address: \_\_\_\_\_

Street Number & Name \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Former Address: \_\_\_\_\_

Street Number & Name \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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The above information was verified by reviewing the following form of non-expired government-issued photographic identification:

Driver's License     Passport     Other \_\_\_\_\_

Verified By: \_\_\_\_\_

Name of Verifying Employee (Please Print) \_\_\_\_\_

Signature of Verifying Employee \_\_\_\_\_

Check One:

Volunteer

Staff

Contact Information: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_