



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.

SIGNATURE

DATE

EMPLOYEE/VOLUNTEER INFORMATION (Please Print)

*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

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

Contact Information: _____
Email Address Phone

Check One:
☐ Volunteer
☐ Staff