



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services 200
 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



To be used by organizations conducting CORI checks for employment or licensing purposes.

Westford Academy Student Supporters is registered under the
 (Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

Westford Academy Student Supporters
 (Organization)

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 **Westford Academy Student Supporters**
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that **Westford Academy Student Supporters** may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me.

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

 Signature of CORI Subject

 Date

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.

*First Name: _____ Middle Initial: _____

*Last Name: _____ Suffix: _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

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

*Last SIX Digits of Social Security Number: _ _ _ _ _

Driver's License or ID Number: _____

CURRENT ADDRESS

*Street Address: _____

*City: _____ *State: _____ *Zip Code: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issue identification: _____ MA License _____

VERIFIED BY: Print Name: _____

Signature: _____ Date: _____

WA Last Night Volunteer Information

Name: _____

Phone Number: _____

Email Address: _____

How to volunteer

There are dozens of different roles that need to be filled to ensure a fantastic event.

Visit our Volunteer web page to learn about the help we need and to sign up for a specific area and time.

<https://walastnight.org/volunteer>
or using this QR Code



Event Waiver

I, for myself, heirs, assigns, personal representatives and next of kin, forever release, indemnify and hold harmless, Westford Academy and the Westford Academy Student Supporters/WA Last Night volunteers from any and all claims arising out of my presence at the Last Night event, but not limited to claims for any and all injuries, disability, death, loss or damage to person or property, whether arising from the Releases or otherwise, to the fullest extent permitted by law. Any injury shall be reported to the EMT before leaving the Last Night event.

Signature: _____ Date: _____

Working on the Last Night event is fun and rewarding.
Bring a friend along to share the event with!

Have questions? Please contact us at
info@walastnight.org.

Westford Academy Student Supporters (WASS) is a 501 (c)(3) charitable organization that plans and runs WA Last Night.

www.walastnight.org