

Volunteers must:

- 1) Consent to a CORI (Criminal Offender Record Information) check
- 2) Sign a Recreational and Volunteers Activities Release Form
- 3) Provide a copy of their Driver's License (see page 2 of the CORI form for other acceptable forms of identification)
- 4) Provide a copy of their COVID-19 Vaccination Record Card

Please submit the requested items to: [vinsvolunteer@gmail.com](mailto:vinsvolunteer@gmail.com), or drop them off at school in an envelope addressed to the JSS PTO, or mail them to the PTO at 120 Jackson St., Northampton, MA 01060



**VOLUNTEERS IN NORTHAMPTON SCHOOLS, INC.**

VINS OFFICE AT RK FINN RYAN ROAD SCHOOL

498 RYAN ROAD FLORENCE, MA 01062

PHONE: 413-587-1332 or EMAIL: [vinsvolunteer@gmail.com](mailto:vinsvolunteer@gmail.com)

<https://sites.google.com/site/northamptonvins/>



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

(REVISED 4/28/2015)

Volunteers in Northampton Schools, Inc. (VINS) is registered under the provisions of M.G.L. c. 6, §172 to receive CORI for the purpose of screening current and prospective volunteers and non-employee applicants. The Northampton Public Schools has authorized VINS to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

I am seeking a CORI check for the following position at \_\_\_\_\_ School/s:  
*Name of School (s)*

\_\_\_\_\_ **REGULAR VOLUNTEER**

\_\_\_\_\_ I currently volunteer on a regular basis.

\_\_\_\_\_ I want to be placed as a regular volunteer.

\_\_\_\_\_ **OCCASIONAL VOLUNTEER** (field trip chaperone, school event, club activity, etc.)

\_\_\_\_\_ **STUDENT TEACHER**

\_\_\_\_\_ (Practicum Placement; Contact HR Dept. for FINGERPRINT REQUIREMENTS)

\_\_\_\_\_ (Pre-Practicum/Field Experience, Observation, etc.)

\_\_\_\_\_ **ATHLETICS** (Coach, Driver, etc.) \_\_\_\_\_  
*Name of Sport (s)*

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to VINS 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 VINS with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact VINS to request this information.

VINS may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that VINS first provide me with written notice of this check.

**By signing below, I provide my permission to VINS to submit a CORI check and acknowledge that the information provided on Page 2 of this form is true and accurate.**

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Email*



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**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 (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: \_\_\_\_\_  
*American Indian, Asian, Black, Unknown, White*

Father's Full Name: \_\_\_\_\_  
*Last Name First Name*

Mother's Full Name: \_\_\_\_\_  
*Last Name First Name Maiden Name*

**CURRENT ADDRESS**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

\*\*\*Attach a copy of photo ID or have ID verified by school personnel in space below.\*\*\*

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

- State Driver's License
- State ID Card
- Passport
- Military ID
- Birth Certificate

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

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

\_\_\_\_\_  
*Date*

**Northampton Public Schools**

**RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE FORM**

I, the undersigned (insert name), do hereby consent to my participation in voluntary or recreation programs of the Town/City of Northampton, MA (insert name of municipality).

I also agree to forever release the Town/City Northampton, MA, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the Town/City (“the Releasees”) from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the Town/City of Northampton, MA voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the Town/City of Northampton, MA voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town/City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities Town/City or recreation programs.

Participant Name:

\_\_\_\_\_

Participant Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_