

VOLUNTEER INFORMATION SHEET

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Cell Phone _____

Emergency Contact Name _____ Cell Phone _____

Primary Volunteer Ministry _____ ☐ St. Agnes ☐ St. Rose ☐ Both

Ministry Lead's Name _____

EXEMPT STATUS? Are you under 18 years of age? Y ☐ N ☐

If Yes, when will you be 18? _____ If you are under 18, you are considered EXEMPT for CORI and VIRTUS training. You must still acknowledge the RCAB Code of Conduct Policy. If you turn 18 during a fiscal year, you are expected to submit a CORI and complete VIRTUS training
www.virtusonline.org

FOR STAFF ONLY BELOW

CORI CHECK: Annual Fiscal Year Requirement June 30 – July 1

☐ New Volunteer CORI ☐ Renewal Volunteer CORI
☐ CORI Signed Date _____ ☐ Staff Initials _____

RCAB CODE OF CONDUCT POLICY: One Time Requirement

☐ RCAB Code of Conduct Policy Acknowledgment Date _____ ☐ Staff Initials _____

RCAB VIRTUS TRAINING: One Time Requirement

☐ Virtus Training (Protecting God's Children) Date _____ ☐ Certificate
☐ Trainer Name, location and Trainer name _____

Acknowledgement of Receipt

Archdiocese of Boston Code of Conduct for Volunteers

This will acknowledge that I have personally received a copy of the Archdiocese of Boston Code of Conduct Policy, and that I have read it, had it read to me, or listened to it on CD or tape. I understand the contents of the Code and agree to comply with them.

Signature

Date

Printed Name

Name of Employer or Name of Archdiocesan Affiliated Organization with which you are serving as an officer, Trustee, director, governor, member, volunteer, etc.:

ST. AGNES & ST. ROSE OF LIMA
PARISH OFFICE
22 BOSTON STREET
MIDDLETON, MA. 01949



ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAINTREE, MASSACHUSETTS 02184-3839

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Archdiocese of Boston, Office of Background Screening is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, or 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 the Archdiocese of Boston, Office of Background Screening 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 Archdiocese of Boston, Office of Background Screening with written notice of my intent to withdraw consent to a CORI check.

I also understand, that The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year from 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 _____

DATE _____

PLEASE CHECK ONE:

- ☐ Parish Volunteer
- ☐ Parish Volunteer – Ministering to elderly
- ☐ Priest ☐ Deacon ☐ Seminarian ☐ Paid Parish Staff ☐ Contractor
- ☐ Educator ☐ School Staff ☐ School Volunteer ☐ Contractor

PLEASE CHECK ONE:

- ☐ Employee - Position/Title: _____
- ☐ Volunteer - Position/Ministry: _____

PLEASE CHECK ONE:

- NEW ☐ a FY26 NEW CORI – (I did not complete a CORI last year.)
- RENEWAL ☐ a FY26 RENEWAL CORI – (I did complete a CORI last year.)

NAME OF AGENCY/PARISH/SCHOOL SUBMITTING CORI

CITY/TOWN

ST. AGNES & ST. ROSE OF LIMA
PARISH OFFICE
22 BOSTON STREET
MIDDLETON, MA. 01949

FY26

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required by the Massachusetts Department of Criminal Justice Information Services (DCJIS) for CORI processing.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

* Maiden Name (if applicable): _____

* Former Last Name 2: (if applicable): _____

* Former Last Name 3: (if applicable): _____

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

* Last SIX digits of Social Security Number: _____ -- _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

CURRENT ADDRESS

* Street Address: _____

* Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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

Verified By: _____

Print Name of Verifying Employee

Signature of Verifying Employee

Date

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

(seal)

Notary Public Signature