You must attach a legible copy of your driver's license



C.O.R.I. Form 1/13

Danvers Girls Softball P.O. Box 127 Danvers, MA 01923

AS A CONDITION OF VOLUNTEERING, I give permission for the Danvers Girls Softball (D.G.S.) to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon D.G.S. receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability D.G.S., the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, D.G.S. is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of D.G.S. policies or principles.

Danvers Girls Softball has been certified by the Commonwealth of Massachusetts, Department of Criminal Justice Information Services for access to all of the available criminal record information (CORI) on the following individual pursuant to chapter 6,s 172H, which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less, that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer. Only CORI certified DGS Board of Directors members (BRC Committee) will review confidential findings.

As an applicant/employee for the position of ______, I understand that a criminal record check will be conducted and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Last Name	First Name	Middle Name
Applicant Signature:	Date	
If Minor/Parent Signature:	Date	
Maiden Name or alias (if applicable)	Place of Birth	
Date of Birth: Last 6	Digits of Social Security #: XXX	
Mother's Maiden Name	Driver's License Number:	
Current and Former Addresses: Please li	ist on back of sheet	
Telephone #:	Email Address:	
Have you ever been refused participation in any other youth programs?YesNoIf yes, please explain on back of sheet.No		
SEX:HEIGHT:WEIGHT:	EYE COLOR:	
BELOW IS FOR CORI ADMINSTRAT *This information was verified with the photographic identification	following form of government issued	
National Sex Offender Public Website C	heck:	

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Commonwealth of Massachusetts Sex Offender Registry Board

M.G.L. c. 6, § 1781 REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 392, N Billerica, MA 01862, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.	SORB USE ONLY		
All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.			
Requestor's name: <u>RUBERT BARRO</u>	WS Date of birth: 04-15-70		
Organization name: (if any) Davers Girl	S Sottball		
Address: PD BOX 127 Danvers, MA 0190	Telephone number: 74 <u>358</u> <u>73</u> 15		
for my own protection, the protection of a child under 18 years of a care or custody.	-named person, at least 18 years of age, and I am requesting information ge, or for the protection of another person for whom I have responsibility,		
Requestor's signature: _ Kobert 1 Dan	Date: 2019		
I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.			
Subject's LAST NAME:			
Subject's FIRST NAME::			
Subject's MIDDLE INITIAL:			
Date of birth or approximate age:// M_M_D_D_Y	Y Y Y AGE		
Address (PRINT):			
Personal identifying characteristics:			
Sex: Race: Height: Weight:	Eve Color: Hair Color:		
Other information (e.g. license plate number, parents' names, etc.):			

If additional information is needed, please contact the Requestor at the telephone number above.

**********WARNING*********

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 %) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).



COACHES' AGREEMENT

- I will follow all DGS rules as outlined in my individual league's set of rules. I will also follow any changes DGS makes during a given year as communicated to me via the League Director or President
- I will make all efforts and hold my self accountable to drive any and all fundraiser initiatives, such as selling DGS Discount Cards.
- I am responsible to have a parent from my team or I staff the DGS Snack Bar 1-2 times during the season as outlined in the DGS Snack Bar Schedule.
- I will place the emotional and physical well being of my players ahead of personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun ad challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players
- I will provide a sports environment for my team that is free of drugs, tobacco and alcohol, and I will refrain from their use at all youth sports events.
- I will be responsible for no profanity from myself and my coaching staff
- I will be knowledgeable in the rules of the league I coach in, and I will teach these rules to my players
- I will use those coaching techniques appropriate for each of the skills that I teach
- I will remember that I am a youth sports coach, and that the game is for the children and not the adults. I will keep in mind that teaching the game is more important than win's & losses

Failure to comply with the above agreement will result in your immediate dismissal from Danvers Girls Softball.

Coach Signature

Date