

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



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

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

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 list on back of sheet***

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever been refused participation in any other youth programs? Yes No  
***If yes, please explain on back of sheet.***

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

**BELOW IS FOR CORI ADMINSTRATOR ONLY:**

\*This information was verified with the following form of government issued photographic identification \_\_\_\_\_.

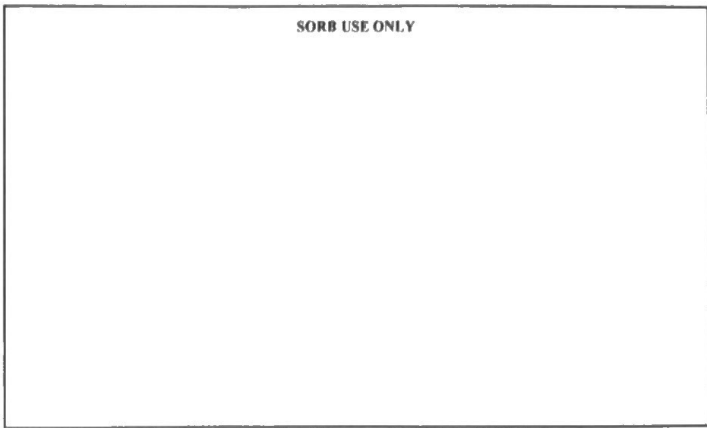
National Sex Offender Public Website Check: \_\_\_\_\_

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**Commonwealth of Massachusetts  
Sex Offender Registry Board**

**M.G.L. c. 6, § 178I 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.*



All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: Robert Barrows Date of birth: 04-15-70  
 Organization name: (if any) Danvers Girls Softball  
 Address: PO BOX 127 Telephone number: 781 258 9315  
Danvers, MA 01923

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: Robert Barrows Date: 1/1/2019

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:  /  /       AGE

Address (PRINT): \_\_\_\_\_

Personal identifying characteristics:  
 Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye 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 1/2) 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).