



Pine Street Inn
Ending Homelessness

FOR OFFICIAL USE ONLY

CORI Status _____

RE _____

Orientation _____

Volunteer Application Form

Please print and fill out both sides of this form.

Date _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Gender (optional) _____

Local Address _____

City _____ State _____ Zip _____

Permanent Address (if different) _____

City _____ State _____ Zip _____

Contact Information:

Home _____ Email _____

Work/Cell _____

Past Volunteer Experience _____

How did you become interested in volunteering at Pine Street Inn? _____

Do you need to complete school or court-ordered community service hours? () Yes () No

I need _____ hours by _____ (please fill in the date the hours are due by).

EMERGENCY CONTACT

Name _____ Phone _____



AGENCY CODE: PINES
FEE CODE: EOHHS

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

**TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.**

Pine Street Inn is registered under the 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, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Pine Street Inn 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 written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

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

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

SIGNATURE

DATE

****PLEASE SUBMIT A COPY OF A GOVERNMENT-ISSUED PHOTO ID WITH THIS FORM****

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

I am applying to **VOLUNTEER** at Pine Street Inn.

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth (MM/DD/YY) Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ___ft. ___in. Eye Color: _____ Race: _____

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

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

----- FOR HUMAN RESOURCES USE ONLY -----

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

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee