



CHAPTER 6, §172C CORI REQUEST FORM

Minuteman Senior Services is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE SIGNATURE

(Unless otherwise preempted by law)

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (If applicable)

PLACE OF BIRTH

DATE OF BIRTH

_____-_____-_____
SOCIAL SECURITY NUMBER
(Requested but not required)

ID Theft Index PIN*
(If applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

*** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**



CONFIDENTIALITY AND BACKGROUND CHECK STATEMENT

In order to ensure the privacy of all of our clients, we require that volunteers adhere to the following policies in accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA) and the recently enacted Massachusetts Data Security Regulations Written Information Security Program (WISP) that went into effect on March 1, 2010.

- Volunteers will not disclose information about clients outside the Minuteman Senior Services case management team. This information includes name, address, Social Security Number, any identifying data or health care information. Client information may not be emailed unless it is encrypted.
- Volunteers will keep in confidence any client information discussed during volunteer program meetings or provided by the client.
- If you gain access inadvertently to client information, you have a responsibility to protect the client, and to stop further dissemination of confidential information.
- All written data that includes consumer information will be kept in a secure place in the volunteer's home that is not accessible to others who are in your home. This includes emails and other correspondence.
- At the end of the volunteer assignment, all written data (including emails) in the volunteer's personal possession will be shredded and destroyed.

I _____ do solemnly swear and affirm that I will observe the confidential nature of any and all information given to me by persons participating in Minuteman Senior Services' programs and services in the course of my duties.

I hereby allow Minuteman Senior Services to perform a check on my background, including a criminal record check (CORI) and personal references.

I attach a photocopy of my driver's license for use in the required CORI background check.

SIGNATURE

DATE

Options for everyday life