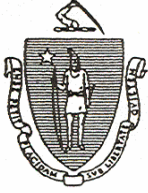


Appendix G



The Commonwealth of Massachusetts
 Executive Office of Public Safety
 Criminal History Systems Board

Mitt Romney
 Governor

Kerry Healey
 Lieutenant Governor

200 Arlington Street
 Chelsea, Massachusetts 02150
 Tel: (617) 660-4600
 TTY Tel: (617) 660-4606
 Fax: (617) 660-4613
 www.mass.gov/chsb

Edward A. Flynn
 Secretary of Public Safety

Barry J. LaCroix
 Executive Director

**INDIVIDUAL AGREEMENT OF NON-DISCLOSURE
 AND AUTHORIZATION FOR CORI CHECK**

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§ 168 through 175, inclusive, shall for each offense be fined up to five thousand dollars (\$5,000.00), or imprisoned in a jail or house of correction for up to one year, or both.

I also understand that a criminal record check will be conducted on me by the Criminal History Systems Board (CHSB) as a prerequisite to my having authorization for access to CORI.

Signed this _____ day of _____, 200__.

 Signature

 Last name

 First name

 Middle initial

 Maiden name

 Alias

 Date of Birth (MM/DD/YY)

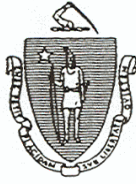
 Social Security Number (requested but not required)

 Job title

 Agency/Business name

 Agency Code (if agency is already certified)

 Address



The Commonwealth of Massachusetts
 Executive Office of Public Safety
 Criminal History Systems Board

Mitt Romney
 Governor

Kerry Healey
 Lieutenant Governor

200 Arlington Street
 Chelsea, Massachusetts 02150
 Tel: (617) 660-4600
 TTY Tel: (617) 660-4606
 Fax: (617) 660-4613
 www.mass.gov/chsb

Edward A. Flynn
 Secretary of Public Safety

Barry J. LaCroix
 Executive Director

CORI CERTIFICATION APPLICATION

This application should be filled out if you are seeking a greater degree of access to Criminal Offender Record Information (CORI) than is available through a Request for Publicly Accessible Massachusetts CORI. Please contact this agency if those forms do not accompany this CORI Certification Application.

An Agreement of Non-Disclosure is attached to this application. All persons within your organization who will have access to CORI must sign an Agreement of Non-Disclosure prior to receiving CORI from this agency. Please forward signed Non-Disclosure forms for as many individuals in your organization who will receive CORI. Copies of the form may be made as necessary. As additional persons within your organization require access to CORI, additional Agreements of Non-Disclosure must be executed.

Please complete this application and mailed to the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit. Incomplete applications will be returned.

Applications will be processed in the order in which they are received.

Name of applying organization: _____

Contact person and title: _____

Address: _____

E-mail Address: _____

Telephone No.: _____ Fax No: _____

1. This organization is applying as a:
- criminal justice agency, pursuant to M.G.L. c. 6 § 172(a);
 - statutorily mandated agency or individual required to have access to CORI; pursuant to M.G.L. c. 6 § 172(b); and/or
 - an agency or individual where the public interest in access to CORI clearly outweighs individual security and privacy interests, pursuant to M.G.L. c. 6 § 172(c).

2. Please describe your organization, together with its function and mission in relation to this application.
3. Please list any statutory and/or regulatory authorities that require your agency or organization do CORI checks.
4. Please list any federal or state licenses, including license number, your organization may have (e.g. Department of Mental Retardation License to Operate Residential Facilities or Group Homes and/or Department of Public Health License to Maintain a Convalescent or Nursing Home).
5. Please list all job titles you wish to screen with brief job descriptions and primary duties for each. If titles, descriptions, and duties are not provided herein with specificity, your application will be considered incomplete, and you may be required to provide additional information.
6. Where would this service or activity normally occur?
7. Please describe your present screening practices. Please state whether you have ever requested publicly accessible criminal records as part of your screening practices.
8. Please explain why your organization is seeking access to CORI and why publicly accessible criminal records are insufficient for these purposes.

9. Please describe your current policy regarding hiring someone with a criminal history.

10. Please describe all incidents, if any, which occurred or may occur, that you feel may have been prevented if you had received CORI.

11. Additional comments and/or concerns the agency would like CHSB to consider when reviewing the application for access to CORI information.

I hereby affirm that the information contained in this application and in support thereof is true to the best of my knowledge and belief.

Signature of Authorized Individual

Dated

Chapter 385 of the Acts of 2002

AN ACT FURTHER PROTECTING CHILDREN.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 6 of the General Laws, is hereby amended by inserting after section 172F the following 3 sections:-

Section 172G. Notwithstanding section 172, section 60 or 60A of chapter 119, or any other general or special law to the contrary, operators of camps for children shall obtain all available criminal offender record information and juvenile data as found in the court activity record information from the criminal history systems board of all employees or volunteers prior to employment or volunteer service. Information obtained under this section shall not be disseminated for any purpose other than to further the protection of children.

Section 172H. Notwithstanding section 172 or any other general or special law to the contrary, any entity or organization primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, shall obtain all available criminal offender record information from the criminal history systems board prior to accepting any person as a volunteer. Any entity or organization obtaining information under this section shall not disseminate such information for any purpose other than to further the protection of children.

Section 172I. Notwithstanding section 172 or any other general or special law to the contrary, taxicab companies that have contracted to provide transportation of pupils pursuant to section 7A of chapter 71 shall submit the names of any employee who may have direct and unmonitored contact with pupils to the appropriate school committee or school superintendent prior to transporting any pupil. The school committee or superintendent shall obtain all available criminal offender record information on such employees from the criminal history systems board pursuant to section 38R of chapter 71.

Approved November 27, 2002.

CORI Request Fees

Pursuant to new legislation effective July 1, 2004 amending M.G.L.c.6, §172A, the fees for CORI requests are amended to the following:

Non-governmental certified agencies: \$15.00
Personal Requests for CORI: \$25.00
Third Party Authorization/Advocate: \$25.00
Public Request for CORI: \$30.00
Attorney Request (court order) for CORI: \$30.00
Governmental certified agencies: \$ 0.00
Fee-waived agencies: \$ 0.00

Effective July 1, 2004, CORI requests submitted without the appropriate fee will be returned to the requestor. All fees must be made payable by check or money order to the Commonwealth of Massachusetts. All organizations are liable for payment and any late fees that may result from non-payment. All fees collected are deposited into the Commonwealth's General Fund, and are not refundable for any reason.

Fee Exemption Process for Certified Agencies

If the applicant is not a government agency, is already certified, and meets the requirements listed below, a fee exemption may be requested from this agency. The request should be submitted on agency letterhead and specifically address all three of the criteria listed below. Enclose any documentation that supports the request.

Although government agencies are fee-exempted, private entities that have contracts with the government or receive government funding are not necessarily considered governmental agencies for this purpose. Also, not-for-profit agencies are not necessarily entitled to a fee exemption as a result of their tax status, and must apply for consideration.

The Board has determined that a fee exemption shall serve the public interest only where:

1. the agency or entity requesting the fee exemption provides services to the elderly, children, victims of crime, medically infirm persons, or the physically or mentally challenged; and
2. more than 50% of the staff of the agency or entity are uncompensated volunteers; and
3. the agency or entity requesting the fee exemption charges no fee for its services or charges a nominal fee that may be waived.

SAMPLE ANSWERS FOR EXEMPTION FEE REQUEST

Our parish, (*name of parish*), has developed policies and procedures to help keep our youth, children and the elderly safe. It is vital that everyone who attends services or events at our parish be able to do so without fear of being harmed. The decision was made to require background checks of all paid staff, as well as all volunteers, as one way of ensuring that those who enter our doors do so in the spirit of Christ and with the intention of serving as a resource to the parish, our programs and the community at large. Because our budget does not allow for this additional expense, (*name of parish*) is seeking an exemption to the fee and below are answers to the criteria.

1. Our parish is not an “agency” whose primary work is providing direct services to the elderly, children, etc. However, we do provide activities for the elderly and children through our parish programs, and we welcome and provide whatever assistance we can to people who are victims of crime or are infirmed in some way. Some of our programs involve participation in the community, and we look for ways of reaching out to those in need, whether they are members of our parish, the neighborhood or the community at large.
2. Like many non-profit organizations, our operating budget is limited and we rely primarily on volunteers for our programs within our congregation and our outreach efforts. Our actual paid staff totals _____ people, which include the rector of the parish.
3. Our parish does not request reimbursement from staff or volunteers who serve the mission of our parish through their time and talent.

Agency Code
Fee Code

CORI REQUEST FORM

The _____ has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a (prospective) employee/volunteer for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

(Prospective) Employee/Volunteer Signature

(PROSPECTIVE) EMPLOYEE/VOLUNTEER INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME
(Requested but not required)

CURRENT ADDRESS: _____

FORMER ADDRESS: _____

SEX: _____ HEIGHT: _____ FT _____ IN. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

***The above information was verified by reviewing the following form of government issued photographic identification: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____

NO RECORD: _____