

BACKGROUND INQUIRY RELEASE FORM

Camp Winnekeag

"The Camp That Cares"



Background Inquiry Release Form

In connection with my application for employment, including contract for services or volunteer work with you, I understand that investigative background inquiries are to be made on myself including criminal convictions, sex offenses, driving & motor vehicle records, and other reports. These reports may include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civic and/or other experiences. In an effort to establish a work history, my social security number will also be verified.

I authorize without reservation, any party or agency contracted by this employer to furnish the above mentioned information. I hereby give consent to your obtaining any or all of the above information.

I understand that proper identification of my records requires the following information, and possible additional information, as necessary on request by employer.

Print Name _____
Last
First
Middle

Birthdate ____/____/____ Soc Sec # ____-____-____ Gender _____
(MM/DD/YEAR)

Current Address _____

City/State/Zip _____

Previous Address 1 _____

City,State, Zip _____

Previous Address 2 _____

City,State, Zip _____

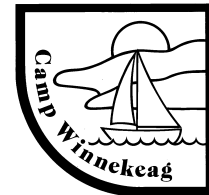
**I AM FULLY AWARE THAT A BACKGROUND & SOCIAL SECURITY CHECK WILL BE MADE.
MY SIGNATURE BELOW INDICATES THAT I AM GIVING PERMISSION FOR SUCH.**

Applicant's Signature _____ Date _____

Parental Signature if Applicant is a Minor _____

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CHAPTER 6, § 172G CORI REQUEST FORM

Camp Winnekeag has been certified by the Criminal History Systems Board for access to all the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to M.G.L. c. 6, § 172 G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

_____		_____	_____
LAST NAME		FIRST NAME	MIDDLE NAME
_____		_____	
MAIDEN NAME OR ALIAS (IF APPLICABLE)		PLACE OF BIRTH	
____/____/____	____-____-____	_____	
DATE OF BIRTH (MM/DD/YEAR)	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME	

Current Address: _____

Former Address 1 _____

Former Address 2 _____

_____	_____	_____	_____
GENDER	HEIGHT ft. in.	WEIGHT lbs.	EYE COLOR
_____	_____	_____	_____
Government Issued ID #	STATE/AGENCY OF ISSUE	EXPIRES	

I AM FULLY AWARE THAT A CRIMINAL BACKGROUND CHECK WILL BE PERFORMED ON ME. MY SIGNATURE BELOW INDICATES THAT I AM GIVING PERMISSION FOR SUCH.

APPLICANT'S SIGNATURE _____

PARENTAL SIGNATURE IF APPLICANT IS A MINOR _____

Office Use Only: The above information was verified by reviewing the following form of government-issued photo ID:

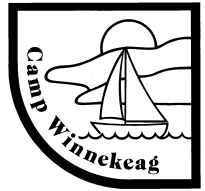
DOCUMENT TYPE USED FOR VERIFICATION

REQUESTED BY: _____ April Montoya
Signature of CORI Authorized Requestor

S E X O F F E N D E R I N Q U I R Y F O R M

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COMMONWEALTH OF
MASSACHUSETTS
SEX OFFENDER
REGISTRY BOARD

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, PO Box 4547, Salem, MA 01970, 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 readily 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 April Montoya Date of Birth _____

Street Address PO Box 1169 Telephone (978) 365-4551

City/State/Zip South Lancaster, MA 01561

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 _____ Date of Request _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts. **PLEASE PRINT CLEARLY.**

Subject's Name _____

Date of Birth/Approximate Age _____

Address _____

Personal Identifying Characteristics: Sex ___ Race ___ Hgt ___ Wgt ___ Eye Color ___ Hair Color ___

Other Information (e.g. License Plate, Parents Name, Etc.) _____

*****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. 275, § 178c-178p FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1,000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHABLE 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).