|  |  |
| --- | --- |
| **Department of Children and Families (DCF)**  **Background Record Check (BRC) Consent and Acknowledgment Form** |  |

As an applicant to be a Foster Care Review Volunteer, you must undergo a BRC, which includes a Criminal Offender Record Information (CORI) check, a DCF record check, and a check of the Sexual Offender Registry. All applicants must sign this Consent and Acknowledgment Form and submit it with your application. If your application is denied based on the results of your CORI check, you will be notified in accordance with DCJIS regulations 803 CMR 2.18 and be offered an opportunity to review your CORI. At this time, you will also be notified of the source(s) of your CORI and have the right to dispute the accuracy of the CORI record. If you believe your CORI is inaccurate, you will be provided a copy of DCJIS’ Information Concerning the Process for Correcting a Criminal Record.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT INFORMATION (PLEASE PRINT)**

**All fields with asterisks are required. Please write clearly and be prepared to provide DCF with your government issued identification. Alternatively, you may submit this form with a Notary Acknowledgement as detailed below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST NAME\* FIRST NAME\* MIDDLE NAME**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIDEN NAME OR ALIAS (IF APPLICABLE) DATE OF BIRTH\* PLACE OF BIRTH**

\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOCIAL SECURITY NUMBER\* MOTHER’S MAIDEN NAME**

**CURRENT AND FORMER ADDRESSES FOR THE PAST FIVE (5) YEARS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Street Address** | **City** | **State** | **Zip Code** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Signing this form means that I understand and agree to the following:**

* I authorize DCF to request my complete CORI from DCJIS.
* I authorize DCF to check its own databases for any findings that I have been found responsible for abuse or neglect of a child in a supported 51B report, or if an investigation into abuse or neglect allegations is pending in a 51A report.
* I understand that this consent is valid for one year from the date of signing, unless I give DCF a written notice of withdrawal.
* I acknowledge that DCF will conduct a Sexual Offender Registry check.
* I understand that providing false or misleading information will result in denial of my application.

I certify, under the penalties of perjury, that the information provided above is correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**To be completed by DCF for all applications submitted in person, prior to completing a CORI check:**

|  |
| --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , attest that I verified the above  information by viewing and making a copy of the following government issued photographic identification:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Office Location Signature of DCF verifying employee Date |

**If DCF is unable to verify the applicant’s identity in person, DCF shall not complete a CORI check unless a Notary Public completes the following statement, in accordance with 803 CMR 2.09(7):**

|  |
| --- |
| **NOTARY PUBLIC ACKNOWLEDGMENT**  On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, in the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me, as the undersigned notary public, and proved his/her identity through satisfactory evidence to be the person whose name is signed on this DCF BRC Form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title of Office  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commission Expiration Date:  Stamp: |