

NEWTON PUBLIC SCHOOLS
Criminal Offender Record Information (CORI) Acknowledgement Form

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

City of Newton – Newton Public Schools (NPS) 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 **NPS** 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 **NPS** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **NPS** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **NPS** 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 below this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION

* Please be aware that if any information is incomplete this CORI can not be processed.

School/Location: _____ Specify: Present or Desired Position with NPS _____ Volunteer (Yes or No) _____

Name: _____
 First Middle Last Suffix

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

Date of Birth: _____ Place of Birth: _____ Social Security No. _____

Gender: _____ Race: _____ Eye Color _____ Height: _____ ft. _____ in.

Father's name: Last: _____ First: _____

Mother's Name: Last: _____ First: _____ Maiden: _____

Current Address: No. & Name, City/Town, State Zip: _____

Former Address: No. & Name, City/Town, State Zip: _____

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

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

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

**COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD
REQUEST FOR SEX OFFENDER REGISTRY INFORMATION**

Please check appropriate box: I am a School Volunteer/Contractor:

I am a School Employee/Applicant:

Name (PLEASE PRINT): _____

School/Location: _____ Date of birth: _____ Telephone No: _____

Address: _____

Personal identifying characteristics:

Gender: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Optional information (e.g. license plate number, parents' names, etc.):

Signature: _____ Date: _____

*******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. 6, §§ 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 (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED 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).

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope.

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

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 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: Heather A. Richards

Address: Newton Public Schools, 100 Walnut Street, Newton, MA 02460

Telephone number: 617-559-6005

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:** _____

Guidelines and Requirements for Volunteer Drivers

Guidelines for Volunteers/Chaperones

All volunteers must complete a CORI (Criminal Offender Record Information) or background check authorization form prior to volunteering. The CORI Authorization Form must be signed and witnessed by designated NPS school personnel in person at the time of submission. A valid, government issued photo identification must also be shown at time of submission. All volunteers must pass a CORI background check to volunteer.

Volunteers must follow all policies and practices of Newton Public Schools. For information about NPS policies, protocols, and other NPS protocols and practices, please see the NPS website, www.newton.k12.ma.us.

Volunteers may become aware of confidential student information and must not disclose such confidential information except to NPS employees who have a need to know.

Volunteers should not photograph or video students unless authorized by the principal or designated staff. Volunteers should not share or disseminate photographs or videos of students.

Rules and Requirements for Volunteer Drivers

To ensure safety of all students, volunteer drivers must meet the following requirements when transporting students in their own private vehicle.

- Must pass CORI background check;
- Have a valid U.S. Driver's License and be at least 21 years of age;
- Not have received more than one moving violation in the past 12 months, or more than two in the last 36 months.
- No felony convictions or DUI violations involving the use of a motor vehicle
- Have up-to-date insurance coverage with a minimum of \$100,000 per person/\$300,000 per occurrence for bodily injury;
- Drive a safe vehicle, with working seat belts, and drive only as many passengers as seat belts.
- Must only proceed directly to and from the field trip/activity destination and will not make any unauthorized stops;
- No smoking in vehicle - this includes e-cigarettes and/or vaping;
- No texting;
- Only hands-free cell/mobile phone use is allowed; and
- May not have a child as a sole passenger unless it is your child.



NEWTON PUBLIC SCHOOLS
 100 Walnut Street
 Newton, MA 02460

CHAPERONE/VOLUNTEER DRIVER APPLICATION

Volunteer Driver Information		
Last Name	First Name	Middle Name
Address:		
City	State	Zip Code
Contact Information		
Cell Phone	Home Phone	Email
Emergency Contact		
Name		Cell Phone
Children Enrolled in the Newton Public Schools		
Child's Name	School Name/Location	Grade

CHAPERONE/VOLUNTEER DRIVER LICENSE AND VEHICLE REGISTRATION FORM

All volunteer drivers, including staff and/or parents, must be responsible adults and must complete this form, provide proof of a valid driver's license and required automobile insurance, agree to a CORI background check if one has not already been conducted, and agree to comply with the Rules for Volunteer Drivers. This form needs to be completed, submitted, and on file annually.

Volunteer Driver License Information			
Last Name	First Name	Middle Name	Date of Birth
License #	Expiration Date	State of Issuance	
Vehicle Information			
Make	Model	Year	
License Plate #	# of Working Seatbelts		
Automobile Insurance Information			
Name of Insured	Insurance Company Name	Policy #	
Expiration Date	Coverage Limit: Bodily Injury (Individual/Occupant):		

**** COPY OF LICENSE AND AUTOMOBILE INSURANCE MUST ACCOMPANY THIS FORM ****



LigerBots Media, Photograph, and Video release:

Student name _____

The LigerBots may record video or still photographs, publish summaries of team activities, or grant interviews during activities including team meetings, team social events, outreach events, robotics competitions, and similar activities. Please fill out this form to provide permission for your child's image and/or name to be published, in the context of LigerBots activities. (Note that FIRST competitions are public events and may be covered by the media.)

C. Media and Publishing Release

Please put a check mark in each box to indicate approve for each category. A blank box will indicate that you **DO NOT GIVE PERMISSION** for that section.

Permission for Publishing/Media/Interview/Recognition

I authorize Newton Public Schools to allow my child to be interviewed and/or photographed during the course of the year or have his/her name appear in media publication of the Newton Public Schools/School/Class/Activity website or media page (such as Facebook or Twitter) and/or have his/her name appear in a media publication, such as the Newton Tab, Boston Globe, NewTV, when this media visit has been authorized by NPS and/or its designees because of a student accomplishment.

Permission to Use Student Picture

I authorize Newton Public Schools for my child's picture to be published on Newton Public Schools/School/Class/Activity website or media page (such as Facebook or Twitter). A picture could take the form of a photograph, video or multimedia project. No last name, home address, or telephone number will appear on such picture.

Publishing of Student Work on NPS website or media pages

I authorize NPS to publish my child's work on Newton Public Schools/School/Class/Activity website or media page (such as Facebook or Twitter). I understand that copyright and ownership of the work or writing remain my child's property. No last name, home address, or telephone number will appear in the work.

Student Teacher Permissions

I authorize a student teacher to use a photograph, video or other media production, containing an image of my child or my child's classwork for internal college/university use for student teacher evaluation purposes.

I **DO NOT** give authorization for any of the above

Signature _____
Parent or Student (age 18 or older)

Date _____

CONSENT AND RELEASE AGREEMENT

Participant Name: _____
If Participant is under 18 years of age, Parent/Guardian Name: _____
Participant Date of Birth if under 18 years of age [MM/DD/YYYY]: _____
Participant Address: _____
Participant Email (If Participant is under 18 years of age, Parent/Guardian Email): _____
Participant Team Number: _____

The Participant identified above ("Participant") desires to participate (as a team member, coach, mentor, judge, or in some other manner) in the *FIRST*® Robotics Competition (the "Program"). As a condition of allowing Participant to participate in a Program, ingenuityNE™ the operational partner for the Program in the six New England States, requires that the Participant (by his or her Parent/Guardian if under 18 years of age) agree to the terms of this Consent and Release Agreement.

- Participant (and the Parent/Guardian of a Participant under 18 years of age) understands that participation in the Program will expose Participant to risks of injury including, without limitation, injury from: building, lifting, and using electrical/mechanical robots and robot components; using tools; other participants; dancing and other associated activities. Participant (and the Parent/Guardian of a Participant under 18 years of age) understands that *ingenuityNE* does not select, employ, supervise or otherwise exercise authority or control over the coaches, mentors, and other participants in the Program. Participant, if 18 years of age or older, acknowledges and agrees that he/she is primarily responsible for his/her safety. The Parent/Guardian of a Participant under 18 years of age acknowledges and agrees that the Parent/Guardian is primarily responsible for the Participant's safety and that the Parent/Guardian will monitor, as appropriate considering the age of the Participant and other factors, the Participant's participation in the Program.
- In consideration for *ingenuityNE* allowing the Participant to participate in the Program, Participant (and the Parent/Guardian of a Participant under 18 years of age for and on behalf of the Participant and the Parent/Guardian) assumes all risk of such participation and hereby releases *ingenuityNE* and (except as expressly provided below) all of *ingenuityNE's* directors, officers, employees, volunteers, and agents from any and all claims for any injury of any kind to the Participant (and the Parent/Guardian) or other damages that may occur as a result of the Participant's participation in the Program, including without limitation any injuries or other damages that may be caused by the negligence of *ingenuityNE* or negligence of any of *ingenuityNE's* directors, officers, employees, volunteers, or agents (including without limitation negligently failing to adequately investigate or screen coaches, mentors, volunteers, etc.), and agrees not to file any lawsuit or otherwise make any claim against *ingenuityNE* or any of *ingenuityNE's* directors, officers, employees, volunteers, or agents for any such injury or other damages. The Participant (and the Parent/Guardian of a Participant under 18 years of age) does not hereby release any claims against any individual person who intentionally causes injury to the Participant.**
- Participant (and the Parent/Guardian of a Participant under 18 years of age) understands that photographs, videotapes, and other recordings will be made of participants in the Programs, including the Participant. Participant (and the Parent/Guardian of a Participant under 18 years of age) consents to those photographs, videotapes, and other recordings and the use thereof (i) as part of a record of the Program and (ii) to promote *FIRST*, *NE FIRST* and the Programs.

Participant (and the Parent/Guardian of a Participant under 18 years of age) has read this document and understands that this Consent and Release Agreement includes a waiver of the right to make injury claims that is intended to be legally binding. By signing below, Participant (and the Parent/Guardian of a Participant under 18 years of age) agrees to this Consent and Release Agreement.

Signature (of Participant if 18 years of age or older or Parent/Guardian if Participant under 18)

Printed name of person signing

Date