

Directions:

- A school administrator or his/her designee must provide a clear photocopy of the **ORIGINAL** valid picture identification (i.e. driver's license) and sign the photocopy to verify identity.
- Attach the signed photocopy to this form, and send to School Administration Office.

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CORI REQUEST FORM

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SHRPS-CH385 G: Sharon Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending.

As an applicant/employee for the
position of:

I understand that a criminal record check will be conducted for conviction, non-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.

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SHRPS-1721 G (Chapter 6; 1721) Sharon Public Schools is requesting all available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6; 1721 which mandates school committees and/or school superintendents to obtain all CORI regarding **employees** of taxicab companies that have **contracted to provide transportation** of children, who may have direct and unmonitored contact with children, prior to transporting any child.

Signature (Prospective) Employee/Volunteer

Date

(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

Telephone Number:

Present Address:

Former Address:

Sex

Height

ft

in

Weight

Eye Color

Driver's License Number and State:

Building: ☐ Cottage ☐ East ☐ Heights ☐ Middle ☐ High School ☐ Districtwide

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Signed Confidentiality Form is attached

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Signed receipt for Conflict of Interest is attached

Building Principal or Administrator Submitting this Form (sign):

date:

Central Office ONLY:

Signature of CORI Authorized Employee (Central Office only)

Superintendent has reviewed the CORI results and approves this person to be in the schools: **YES** **NO**

Exclusions/Notes:

Signature:

date:

The Sharon Public Schools

Confidentiality Agreement

The Sharon Public Schools complies with all applicable laws and regulations pertaining to the privacy of students within our schools and makes every reasonable effort to ensure that student information remains confidential.

You have (a) requested to volunteer in the Sharon Public Schools or (b) are or will be temporarily employed in the Sharon Schools. This provides you with access to observe children in his/her current educational program. During such an observation, you may be exposed to private and confidential information pertaining to the children within the classes/program with which you find yourself involved. Your ability to be temporarily employed or to volunteer in our classrooms is contingent upon your agreement not to disclose any confidential, private, or personally identifying information pertaining to students to which you may be exposed during the course of your volunteer work or temporary employment. By signing this form, you agree that you will not disclose to any third party, any confidential or private information regarding any that you observe. You are further acknowledging and agreeing to the following conditions:

1. You will not interrupt or otherwise interfere with the instructional services taking place in any school classroom while you are present in the school building. School administrators reserve the right to terminate any volunteerism that disrupts the educational environment of the classroom, program, or school.
2. You will not request, or be provided with access to, the records of any student other than those that specifically relate to your temporary work.

Please complete the information below. Your signature documents that you agree to comply with the above guidelines and that all information obtained through your classroom interactions, access to records, and other activities while in the school building will be held in strict confidence and will not be disclosed to any third party. Your signature also indicates that you have received, read and understand this policy on confidentiality.

* _____
Printed Name of Volunteer or Temporary Employee

* _____
Address of Observer

* _____
Signature of Observer

KEEP THE SUMMARY, sign and return this page

Conflict of Interest Requirements

★ Your Name: _____ Today's date _____

Please sign below to indicate that you have received a copy of the Summary of the Conflict of Interest Law. Return this signed section of the page to the Secretary to the Superintendent.

~~You are also required to complete online training at http://do.state.ma.us/ethics/quiz_MEthics/index.asp~~

★ Sign Name: _____ date: _____

Online Training:

~~Once you have completed the training, print the online certificate, make a copy and return the original to the Secretary to the Superintendent of Schools.~~

*You only need the attached Conflict of Interest Law information.
You do not need to do the online training.*

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