



TALENT BANK FORM

Town Government needs citizens to give of their time and talents serving the Town of Rehoboth. A Talent Bank has been established as a means of compiling a list of interested citizens willing to serve, on a voluntary basis, on a variety of boards and committees. Some boards meet often--some require less time--and some are busy at different times of the year. From time to time, there is also a need for advisory committees or sub-committees appointed to work on a specific project.

If you are interested in serving, please indicate your preference below and return the completed form and resume to:
Town Administrator/BOS Office, Town of Rehoboth, 340 Anawan Street, Rehoboth, MA 02769 - Email to darruda@rebothma.gov or Fax to 508-252-5342.

BOARDS

- Board Of Health
- Board Of Human Services & Community Health
- Council On Aging (COA) Board
- Personnel Board
- Zoning Board Of Appeals (ZBA)

COMMITTEES

- Economic Development Committee
- Finance Committee
- Green Energy Committee
- IT Committee
- Keep Rehoboth Beautiful
- Recreation Committee
- Town Events Committee

COMMISSIONS

- Agricultural Commission
- Cemetery Commission
- Conservation Commission
- Historical Commission

OTHER

- Council On Aging (COA) Volunteer*
- Cultural Council
- Election Worker*
- Other _____
- _____
- _____
- _____

NAME:

ADDRESS:

TELEPHONE:

E-MAIL ADDRESS:

ARE YOU A REGISTERED VOTER?

YES

NO

SPECIAL INTERESTS AND SKILLS:

Education and experience:

Reason(s) for wanting to serve:

Signature _____ Date _____

*A CORI check is required.



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ -- _____ No Social Security Number

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

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

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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

Verified by:

Deborah Arruda

Print Name of Verifying Employee

Signature of Verifying Employee

Date



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This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ Town of Rehoboth _____ is registered under the
 (Organization)
 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, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to
 _____ Town of Rehoboth _____

(Organization)
 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 _____ Town of Rehoboth _____
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ Town of Rehoboth _____ may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date