



# WESTPORT COMMUNITY SCHOOLS

## Office of the Superintendent

### THOMAS F. AUBIN

Superintendent  
508-636-1140

### MICHELLE RAPOZA

Business Manager,  
Student Services &  
Transportation  
508-636-1140 x4020

### NANCY TAVARES

Special Education  
Coordinator PreK- Gr. 4  
508-636-1140 x4010

### WENDY MIRANDA

Special Education  
Coordinator Gr. 5-12  
508-636-1140 x4010

### LISA KAMINSKI

Director of Curriculum &  
Instruction  
508-636-1140 x4005

### KRISTIN McDANIEL

Human Resources  
508-636-1140 x4030

### ANTHONY TOMAH

Technology Director  
508-636-1140 x4050

### MICHAEL DUARTE

District Maintenance  
508-636-1140 x4041

### KIM OUELLETTE

District Custodians &  
Facilities Usage  
508-636-1140 x4042

### JENNIFER CHAVES

Out of School Time  
Director  
508-636-1140 x4425

17 Main Road • Westport,  
MA 02790-4202

wcsdist@westportschools.org

### CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

**Westport Community Schools** 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, chaperones, and volunteers.

As a prospective or current employee, subcontractor, volunteer, chaperone, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Westport Community Schools** 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 **Westport Community Schools** with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT OR VOLUNTEER, PURPOSES ONLY:** The **Westport Community Schools** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **Westport Community Schools** 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 on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As an applicant/employee for the position of \_\_\_\_\_

It is the policy of the Westport Community Schools to maintain a learning and working environment that is free from harassment, violence or discrimination based on actual or perceived race, color, creed, religion, national origin, sex/gender, marital status, homelessness, disability, sexual orientation, gender identity or expression, age, family care leave status, pregnancy or any condition related to pregnancy, or military/veteran status.

