Sturbridge Worship Center CORI Request Authorization Form

Massachusetts state law requires all volunteer organizations that provide activities or programs to children to conduct CORI background checks of the volunteers prior to accepting such individual as a volunteer. SWC is authorized to conduct CORI requests.

As a volunteer/applicant/employee, I understand that a criminal record check will be conducted for 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.

SIGNATURE OF APPLICANT/EMPLOYEE/VOLUNTEER AUTHORIZING REQUEST

DATE

VOLUNTEER INFORMATION (PLEASE PRINT CLEARLY AND RETURN IN PERSON WITH PHOTO ID):

LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR ALIAS (IF APPLICABLE)	EMAIL ADDRESS	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
ADDRESS:		
DRIVER'S LICENSE NUMBER/ID NUMBER:		STATE OF ISSUE
PHONE NUMBER:	CELL/HOME/WORK:	
PERSON REVI	EWING CORI DETAILS FOR SUBMIS	SSION:
PRINTED NAME	SIGNATURE	DATE

Confidential