Office for Healing & Prevention

Please Return This Form To:
Office for Healing & Prevention
49 Elm St.
Worcester, MA 01609

CORI REQUEST FORM

The Roman Catholic Diocese of Worcester has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/ employee/ volunteer for the position of _____ 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.

_____
Applicant/Employee/Volunteer Signature

PARISH/SCHOOL: _____

APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (PLEASE PRINT)

_____ _____ _____
LAST NAME **FIRST NAME** **MIDDLE NAME**

_____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) **PLACE OF BIRTH**

_____ _____-_____-_____ _____
DATE OF BIRTH **SOCIAL SECURITY #** **ID Theft Index Pin (if Applicable)**
Last six digits required

APPLICANT ADDRESS:

_____

_____
MOTHER'S MAIDEN NAME

SAFE ENVIRONMENT TRAINING DATE _____
CODE OF CONDUCT ACKNOWLEGEMENT DATE _____

STATE LAW MANDATES ATTACHING A COPY OF GOVERNMENT ISSUE PHOTOGRPAHIC IDENTIFICATION AND LAST SIX DIGITS OF SOCIAL SECURITY NUMBER

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE