

Office for Healing & Prevention

PLEASE RETURN FORM TO PARISH

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:

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 #
Last six digits required

ID Theft Index Pin (if Applicable)

APPLICANT ADDRESS:

MOTHER'S MAIDEN NAME

SAFE ENVIRONMENT TRAINING DATE _____

CODE OF CONDUCT ACKNOWLEDGEMENT DATE _____

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

DATE _____