Catholic Social Services
Diocese of Fall River

Central Office

Fall River
PO Box M/ South Station
1600 Bay Street
Fall River, MA 02724
Ph: 508-674 - 4681

Satellite Offices

Cape Cod
261 South Street
Hyannis, MA 02601
Ph: 508 - 771 - 6771

New Bedford
238 Bonney Street
New Bedford, MA 02780
Ph: 508 - 997 - 7337

Taunton
78 Broadway
Taunton, MA 02780
Ph: 508 - 824 - 3264

Rhode Island
Reaching Out
311 Hooper Street
Tiverton, RI 02878
Ph: 401 - 624 - 9270

Arlene A McNamee
Executive Director

EQUAL HOUSING LENDER

Funded by Catholic Charities

CATHOLIC SOCIAL SERVICES
172H
NO FEE CODE

CHAPTER 6, §172H CORI REQUEST FORM – **VOLUNTEER**

Catholic Social Services is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding staff and volunteers

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

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

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____-_____-_____ (Requested, not required) ID Theft Index PIN _____ (If applicable)

MOTHER'S MAIDEN NAME _____

CURRENT AND FORMER ADDRESSES:

_____

_____

_____

SEX: HEIGHT: ft. in. WEIGHT: EYE COLOR:

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

**THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

VOLUNTEER SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

SCHOOL/PARISH/OTHER: _____

TOWN: _____

PLEASE TURN OVER →