



PROGRAM: _____

Client: _____

101 Munson Street, Suite 201
Greenfield, MA 01301
info@LifePathMA.org
www.LifePathMA.org

CORI REQUEST FORM

I understand that LifePath, Inc. is requesting all the available criminal offender record information on me from the Massachusetts Department of Criminal Justice Information Services (DCJIS) pursuant to Chapter 6, 172C which mandates agencies which employ or accept as a volunteer or refer for employment or program participation any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files to obtain all available CORI from the DCJIS prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment or program participation. I further understand that conviction of a crime may not be an automatic bar to employment or participation. All circumstances will be taken into consideration.

X _____ (Signature)

APPLICANT/ VOLUNTEER INFORMATION (PLEASE PRINT CLEARLY)

_____		_____		_____	
LAST NAME		FIRST NAME		MIDDLE NAME	
_____		_____		_____	
MAIDEN, FORMER, OR ALIAS LAST NAME		MAIDEN, FORMER, OR ALIAS LAST NAME		PLACE OF BIRTH	
_____		_____		_____	
DATE OF BIRTH: ____ - ____ - ____		SOCIAL SECURITY NUMBER: _____ - _____ - _____			
		<small>(must have a minimum of the last 6 digits to run CORI)</small>			
<u>FATHER'S NAME</u>		<u>MOTHER'S NAME</u>			
_____		_____			
LAST	FIRST	LAST	FIRST	MAIDEN	

CURRENT ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

FORMER ADDRESSES (if changed in the past 7 years)

CITY: _____ STATE: _____

SEX: _____	HEIGHT: ____ ft. ____ in.	EYE COLOR: _____	RACE: _____
DRIVER'S LICENSE NUMBER: _____		STATE: _____	
Other ID Number: _____ <small>(only needed if applicant does not have a driver's license)</small>			
[] A COPY OF A GOVERNMENT ISSUED PHOTOGENIC IDENTIFICATION IS ATTACHED.			
[] THIS INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____ EXPIRATION: _____			

FOR LIFEPath, INC. USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

Printed Name of Verifying LifePath Employee Signature of Verifying LifePath Employee Date

PD: _____ OIG: _____ LOG: _____