



**Western Massachusetts Medical Reserve Corps
Berkshire Medical Reserve Corps**

Berkshire MRC Volunteer applicants are subject to a background check. You have three options for authorizing this. Your application for MRC membership will be expedited if you choose options 1 or 2.

Option 1: scan and email this form with your signature, along with a copy of a government issued photo identification (for example, a driver’s license) to cmckeown@wmmrc.org

Option 2: You may type the required information and send via email to cmckeown@wmmrc.org Write **CORI AUTHORIZATION** in the subject line. If you choose this option, you must state in the email that *‘in sending this information by email I am authorizing MRC representative to conduct a criminal record check in lieu of my signature on a paper form’* Then send a copy of government issued photo ID to the below address.

Option 3: Mail completed form with copy of government issued ID to: Berkshire County MRC c/o Corinne McKeown 38 Avery Lane Great Barrington, MA 01230

CORI REQUEST FORM

Representatives from the Medical Reserve Corps program have been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a volunteer for one of the Western Massachusetts Medical Reserve Corps Units, 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 as a Medical Reserve Corps volunteer. The information below is correct to the best of my knowledge.

Signature: _____ Date: _____

APPLICANT INFORMATION (please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAIDEN NAME or ALIAS _____ DATE OF BIRTH (MM/DD/YY) _____ PLACE OF BIRTH _____
(if applicable)

SOCIAL SECURITY # _____ - _____ - _____ (requested but not required)

MOTHER’S MAIDEN NAME: _____

CURRENT ADDRESS: _____

FORMER ADDRESS _____

SEX _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____