

Western Massachusetts Medical Reserve Corps
wmmrc.org

Please complete this form and include a government issued photo identification (for example, a drivers license)



Please mail this form to:
Tammy Szlachetka
Chicopee Health Department
15 Court Street
Chicopee, MA 01020

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 _____

.....
REQUESTED BY _____
(Signature of CORI Authorized Representative)

FOR CHSB USE ONLY

RECORD ATTACHED: _____ NO RECORD: _____