

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:  
Chet Chin, MRC Unit Coordinator  
Franklin Regional Council of Governments  
425 Main Street, Suite 20  
Greenfield, MA 01301

**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: \_\_\_\_\_