

**FOR  
VOLUNTEER  
USE ONLY  
(NON-CAMP)**

**OLD COLONY YMCA  
APPLICATION FOR EMPLOYMENT SUPPLEMENT**

**OCYMC  
172H  
FE623**

**Chapter 6, §172H CORI REQUEST FORM**

The Old Colony YMCA is requesting all 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 volunteers prior to accepting any person as a volunteer. The Old Colony YMCA reserves the right to check an employee's or volunteer's CORI at any time during their employment.

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**VOLUNTEER INFORMATION – PLEASE PRINT**

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**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**Maiden Name or Alias (If Applicable)** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **ID Theft Index PIN** \_\_\_\_\_  
(Requested but not required) (if applicable)

**Mother's Maiden Name** \_\_\_\_\_

**Current and Former Addresses:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **ft.** \_\_\_\_\_ **in.** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**State Driver's License Number:** \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY PROGRAM**

\*\*\*The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

(Please attach a photocopy of said identification to application.)

**Requested By:** \_\_\_\_\_

**Signature of CORI authorized employee**

**Program/Branch Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via email or by fax to 617-660-4614.

**PLEASE MAKE SURE ALL AREAS ARE COMPLETE AND RETURN TO HUMAN RESOURCES.**