

Dear Friend,

Thank you for your interest in volunteering at the Sterling Council on Aging (COA). By law, we are required to perform a criminal offender record information (CORI) check on any individual who “will have direct or indirect contact with elderly or disabled persons in a home or community based setting or access to such persons’ files.” Could you please fill out the enclosed CORI application, attach a copy of your license, and send it back to the Senior Center (faxes are ok)? This information will only be reviewed by myself and will be maintained in a locked safe, as allowed by state law. Thank you for your understanding and continued support of the COA.

Sincerely,

Karen L. Phillips  
Director, Sterling COA  
1 Park Street  
PO Box 243  
Sterling, MA 01564  
978-422-3032  
978-422-9916 (fax)

CORI

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

ALIAS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

LAST 6 NUMBERS OF SOCIAL SECURITY NUMBER \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FORMER ADDRESSES \_\_\_\_\_

\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

SIGNATURE \_\_\_\_\_