



CORI REQUEST FORM

As an applicant to provide volunteer services needed in a time of public health, natural or manmade emergencies or disasters, 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. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE _____
DATE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME

FORMER ADDRESSES _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE