



ORLEANS COUNCIL ON AGING

150 Rock Harbor Road — RR 2

Orleans, MA 02653

508-255-6333

Name: _____ Date of Birth: _____

Phone number: _____ Fax No: _____ E-Mail: _____

Mailing address: _____

Driver's License No: _____ Expires: _____

In case of emergency, whom should we notify? _____

Address & Phone No: _____

Work Experience: _____

Volunteer Experience: _____

What special skills would you like to use as a volunteer? _____

Tasks you are willing to perform as a volunteer (circle any that apply): **VERY IMPORTANT!**

Advocacy	Carpentry	Fix-up Work	Mailings	Photography	Speaking
Animal care	Counseling	Friendly Visiting	Mediation	Preparing Meals	Surveying
Art/Crafts	Data Entry	Fundraising	Mentoring	Publicity	Teaching
Audio/Visual	Distribution	Gardening	Office Work	Reading	Tutoring
Bookkeeping	Driving	Grantwriting	Organizing	Research	Writing
Care-giving	Entertaining	Health Education	Phoning	Selling	Ushering

Other: _____

Would you like a variety of short-term experiences or a regular assignment, or both? Circle one

Days not available: _____



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(508) 255-6333
Fax (508) 240-6936

Executive Office of Public Safety
CORI Board
200 Arlington St., Suite 2200
Chelsea, MA 02150

Dear CORI Board Members:

Please process the enclosed CORI form/s and return to the attention of Andrea McGee. Each person has been informed that a Criminal Record Check is being performed on them and all signed acknowledgement forms are kept on file here at the Council on Aging office.

We appreciate your assistance in processing these records.

Sincerely,

Elizabeth J. Smith,
Executive Director

enclosures



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Agency Code: ORLCA
Fee Code: CH444

CHAPTER 6, § 172C CORI REQUEST FORM

Orleans Council on Aging is requesting all the available criminal offender record information on the following individual from the Criminal History systems Board pursuant to Chapter 6 § 172c that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

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
(requested but not required)

Mother's Maiden Name

Former Address:

Sex:

Height: ____ *ft.* ____ *in.*

Weight:

Eye Color:

State Driver's License Number:

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

REQUESTED BY:

Signature of CORI Authorized Employee