



District: _____

Program: _____

Season: _____

MAH Number: _____

CHAPTER 6, §172H CORI REQUEST FORM

Massachusetts Hockey, Inc. is requesting all the 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.

VOLUNTEER INFORMATION (please type)

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

CURRENT ADDRESS: _____

FORMER ADDRESS: _____

SEX: ____ HEIGHT: ____ft. ____in. WEIGHT: _____ EYE COLOR: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

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

DRIVERS LICENSE

OTHER: _____
(Specify type) (Number)

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

Hanover Youth Hockey

PO Box 591, Hanover MA 02339

Coaching Application

Name: _____

Address: _____

Telephone: _____

Email: _____

Patching Level: _____ CEP# _____

Coaching Exp: _____

Number of Yrs: _____

Where & Level: _____

Playing Exp: _____

Team Interested in Coaching: _____

Please describe your coaching philosophy: (attach if necessary) _____

I, _____, understand that being patched by USA/Mass Hockey is a requirement of this coaching position and I will fulfill this obligation. Further, as a coach of Hanover Youth Hockey I agree to abide by all the rules established by HYHA, Inc., the Yankee Conference, the South Shore Conference, Mass Hockey and USA Hockey. I will follow the USA Hockey Coaching Ethics Code and the HYHA, Inc. Helmet Policy.

I am available to assist on the ice in HYHA's Summer Cross Ice Program YES ___ No ___

Applicant Signature

Date

Instructions:

- 1) Signature required on the above statement
 - 2) Complete C.O.R.I. form attached to this application
 - 3) Please return completed applications to the Appropriate Level Director or VP by April 15th
- Applications can also be emailed to ross_hockey@comcast.net.