



District: \_\_\_\_\_

Program: \_\_\_\_\_

Season: \_\_\_\_\_

MASMA12-03053

**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 GL c. 6s. 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 employees, volunteers, vendors or contractors.

**\*\*\* VOLUNTEER INFORMATION (PLEASE TYPE) \*\*\***

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

\_\_\_\_\_  
Maiden Name or Alias (If Applicable)    Place of Birth (City, State, Country)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)    Social Security Number    ID Theft Index PIN  
(Last 6 numbers- **REQUIRED**)    (If available)

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

**Height** \_\_\_\_\_ ft \_\_\_\_\_ in ~ **Weight** \_\_\_\_\_ in lbs ~ **Eye Color** \_\_\_\_\_ **SEX**    Male    Female  
(Check One)

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

**Current Address** \_\_\_\_\_

\_\_\_\_\_  
Street and number    City    State    Zip

**Former Address** \_\_\_\_\_

\_\_\_\_\_  
Street and number    City    State    Zip

THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION.

Form of Picture ID: \_\_\_\_\_

Requested by: \_\_\_\_\_  
*Signature of CORI Authorized Employee*

*\*If an applicant has provided an Identity Theft PIN number on this form, please ONLY mail or fax forms with Identity Theft PIN numbers to DSJIS. All other CORI request must be processed electronically through Web-CORI. Do not mail or fax other forms to DCJIS*