Swansea Independent Baseball League P.O. Box 141 Swansea, Massachusetts 02777



CHAPTER 6, § 172h CORI REQUEST FORM

Swansea Independent Baseball League 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 Print)											
Last Name Maiden Name or Alias (If applicable) Date of Birth				First Name					Middle Name		
				Place of Birth (City, State, Country)							
				Social Security Number (last 6 numbers)					Mother's Maiden Name		
Curren (last 5 y		er Address:									
		_									
Sex:	M	F	Height:	ft	ir	ı		Eye Color: _			
Driver's License Number I, the undersigned applicant, hereby acknopurpose determining my suitability to serve				knowledge that the Swansea Independ			Position for which you are applying (Coach, Assistant, Umpire, other) dent Baseball League will conduct a CORI background check for the sole				
						Applican	t Signature				
	HE ABOVE		WAS VERIFIE	D BY REVIEV		JSE ONLY* OLLOWING I	FORM OF C	GOVERNMENT	ISSUED PHOTOGRAPHIC	}	
ID Type	•				_	Signatur	e of CORI A	authorized Volu	nteer/Employee		