

# Office for Healing & Prevention

Please Return This Form To:  
Office for Healing & Prevention  
49 Elm St.  
Worcester, MA 01609

**CORI REQUEST FORM**

**2021-2022**

The Roman Catholic Diocese of Worcester has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/ employee/ volunteer for the position of \_\_\_\_\_ 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/Employee/Volunteer Signature

**PARISH/SCHOOL:** VENERINI ACADEMY

**APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
**LAST NAME**

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**MIDDLE NAME**

\_\_\_\_\_  
**MAIDEN NAME OR ALIAS (IF APPLICABLE)**

\_\_\_\_\_  
**PLACE OF BIRTH**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**SOCIAL SECURITY #**  
Last six digits required

\_\_\_\_\_  
**ID Theft Index Pin (if Applicable)**

**APPLICANT ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**MOTHER'S MAIDEN NAME**

**SAFE ENVIRONMENT TRAINING DATE** \_\_\_\_\_

**CODE OF CONDUCT ACKNOWLEDGEMENT DATE** \_\_\_\_\_

**STATE LAW MANDATES ATTACHING A COPY OF GOVERNMENT ISSUE  
PHOTOGRAPHIC IDENTIFICATION AND LAST SIX DIGITS OF SOCIAL SECURITY  
NUMBER**

**REQUESTED**

**BY:** \_\_\_\_\_

**SIGNATURE OF CORI AUTHORIZED EMPLOYEE**