

Dear Friend,

Thank you for your interest in volunteering at the Sterling Council on Aging (COA). By law, we are required to perform a criminal offender record information (CORI) check on any individual who “will have direct or indirect contact with elderly or disabled persons in a home or community based setting or access to such persons’ files.” Could you please fill out the enclosed CORI application, attach a copy of your license, and mail it back in the enclosed self-addressed envelope? This information will only be reviewed by myself and will be maintained in a locked safe, as allowed by state law. Thank you for your understanding and continued support of the COA.

Sincerely,

Clare B. Fisher
Chairperson, Sterling COA

CORI

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

PLACE OF BIRTH _____

MAIDEN NAME _____

ALIAS? _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER (OPTIONAL) _____

MOTHER'S MAIDEN NAME _____

FORMER ADDRESSES _____

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: _____

SIGNATURE _____