

CORI APPLICATION

Personal Information

Title

First Name

Middle Initial

Last Name

DOB:

 / /

MM / DD / YYYY

Sex:

M

F

X

(X = Prefer not to disclose)

Phone

Address

City

State

Zip

Email

Primary Language

Secondary Language

Optional

On occasion, funders ask us for certain demographic information. Please share if you feel comfortable doing so:

Highest level of education completed:

High School/GED Associates Bachelors Masters Doctorate

Reason for requesting a CORI

Please provide information about the school where you will volunteer and what you will be doing:

School(s) where you will volunteer

Field Trip Field Day/Fun Day PTO/PTA Link to Libraries Follow My Steps

Coaching (please indicate which sport) _____

Other (please specify) _____

Authorization

Your signature below indicates that you have read and agree with the following:

- I certify that the above-mentioned information is true and complete to the best of my knowledge.
- I understand that if I am placed, any volunteer work will take place only at the assigned location.
- As required by the Commonwealth of Massachusetts, I have completed the two-sided CORI form and provided a copy of a valid passport, driver's license or other government-issued photo ID.

Signature

Date