



# Old Colony Council

2438 Washington Street • Canton, MA 02021-1148  
Tel (781) 828-8360 • Fax (781) 828-0543

Agency Code: CSQNT

## CORI REQUEST FROM

The Old Colony Council, Inc., Boy Scouts of America, has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of Volunteer Leader, 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. A copy of the Old Colony Council CORI policy is available on our website or may be obtained by contacting the Council Service Center at 781-828-8360.

\_\_\_\_\_  
Applicant Signature

Applicant Information (Please Print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If applicable)

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
ID Theft Index PIN (if applicable)

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

\_\_\_\_\_  
Former Addresses

\_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

\_\_\_\_\_  
State Driver's License Number: \_\_\_\_\_

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. C. 6, 168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars (\$5,000.00), or imprisoned in a jail or house of correction for up to one year, or both and/or may be ordered by the Criminal History Systems Board to pay civil fines not to exceed five hundred (\$500.00) for each willful violation.

The above information was verified by reviewing the following form of government issued photographic identification: Driver's License, Passport, etc.) \_\_\_\_\_

\_\_\_\_\_  
Signature of Unit committee Chairman

\_\_\_\_\_  
Date

**Please attach a copy of the applicant's photo ID to this form**