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Upper Merrimack Valley Medical Reserve Corps

UMV MRC Office: 23 Depot Street
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www.UVMRC.org

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Upper Merrimack Valley Medical Reserve Corps is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective volunteers.

As a prospective or current volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **The Upper Merrimack Valley Medical Reserve Corps** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **The Upper Merrimack Valley Medical Reserve Corps** with written notice of my intent to withdraw consent to a CORI check.

FOR VOLUNTEER PURPOSES ONLY: **The Upper Merrimack Valley Medical Reserve Corps** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **The Upper Merrimack Valley Medical Reserve Corps** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on the CORI Request Form is true and accurate.

SIGNATURE

DATE

**Upper Merrimack Valley MRC
55 Main Street, Westford MA 01886
CORI Request Form**

*Please **print** the volunteer information requested below.*

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME** _____ **SUFFIX** _____

MAIDEN NAME (or other names by which you have been known) _____ **PLACE OF BIRTH** _____

DATE OF BIRTH _____ **SOCIAL SECURITY #** _____ **FATHER'S FULL NAME** _____
(Last six digits are required) (Last, First Names)

MOTHER'S FULL NAME Current _____ **DRIVER'S LICENSE #** _____ **OR OTHER ID #** _____
(Last, First) plus (Maiden Name) (include state of issue) (Ex: Passport)

Street Number & Name _____ City/Town _____ State _____ Zip _____
CURRENT ADDRESS

Street Number & Name _____ City/Town _____ State _____ Zip _____
FORMER ADDRESS

SEX (M/F): _____ **HEIGHT:** _____ ft. _____ in. **WEIGHT:** _____ **EYE COLOR:** _____

Office Use Only: *The above information was verified with the following form of government-issued photographic ID:*

_____ *Driver's License* _____ *State*

Other Form of ID: _____

Requested by: _____ **Print Name of Verifying UMV MRC Rep** _____ **DATE** _____

Signature of CORI-authorized employee: _____ **Sign Name of Verifying UMV MRC Rep** _____