NEW ENGLAND HANDICAPPED SPORTS ASSOCIATION

CORI REQUEST FORM

**As a volunteer for NEHSA, I understand that a criminal record check will be conducted for
conviction and pending criminal case information and that it will not necessarily disqualify me.
The information below is correct of the best of my knowledge.**

_____ _____
Volunteer Signature **Date**

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

_____
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____- _____ - _____

LIST CURRENT RESIDENCE: _____

_____

LIST CURRENT PHONE NUMBER: _____

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE OR ANOTHER FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION.