

CORI  
(CRIMINAL OFFENDER RECORDS INFORMATION)

Welcome to Cambridge Youth Lacrosse (CYL). CYL is a fully volunteer organization depending on you and other volunteers to provide instruction and fun through lacrosse to youths aged five through fourteen. Every volunteer in the organization must consent to a review of information about him/her contained at the Criminal History Systems Board for the Commonwealth of Massachusetts. Any information obtained from the Criminal History Systems Board will be reviewed only by those designated by the Board of Directors of the League and who have also been authorized by the Criminal History Systems Board to receive this information.

I hereby consent to a criminal record check by the Criminal History System Board (CHSB) as a prerequisite to becoming a volunteer with the Cambridge Youth Lacrosse. I hereby agree to authorize the CYL to use this consent to perform subsequent criminal record checks by the (CHSB) as long as I am a CYL volunteer.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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

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

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

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

State Driver's License No. \_\_\_\_\_

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

Father's Name (first/last) \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Street Address #1 (last 10 years) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Street Address #2 (last 10 years) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Street Address #3 (last 10 years) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Street Address #4 (last 10 years) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex (M/F): \_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_