

“Champion Volunteer” Application information form

FIRST NAME	
LAST NAME	
EMAIL	
PHONE	
Are you familiar with local treatment centers and resources?	
Any background or experience you'd like to share?	
AVAILABILITY	PLEASE CIRCLE ALL THAT APPLY
DAYS	MON TUES WED THURS FRI SAT SUN
SHIFTS	DAY EVENING (7am-5pm) (5pm-1am)
COMMENTS on shifts	

Call Koren Cappiello, Director of Social Services, Office of Mayor Bill Carpenter with questions 508-580-7123.
 Email, Mail or Drop off completed forms to: kcappiello@cobma.us, Koren Cappiello, 45 School Street, Brockton, MA 02301

**BROCKTON POLICE DEPARTMENT
CRIMINAL OFFENDER RECORD INFORMATION (CORI) FORM**

FIRST NAME	
LAST NAME	
MIDDLE INITIAL	
SUFFIX	
DATE OF BIRTH	
MAIDEN NAME	
LAST 6 DIGITS OF SOCIAL SECURITY NUMBER	
MAILING ADDRESS	
STREET 1	
STREET 2	
CITY/TOWN	
STATE AND ZIP CODE	
PHONE NUMBER AND EXTENSION	
EMAIL ADDRESS	

I hereby swear, under the penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

Signature of individual

Date