

(Representative) \_\_\_\_\_

**Request Criminal History Record (Volunteers)**

Name: \_\_\_\_\_  
(Please Print) (First) (Middle) (Last)

Other names used and dates of use: 1. \_\_\_\_\_ Dates: \_\_\_\_\_

2. (Name) \_\_\_\_\_ Dates: \_\_\_\_\_

3. (Name) \_\_\_\_\_ Dates: \_\_\_\_\_

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

Date of birth\*: \_\_\_\_\_ Place of birth: \_\_\_\_\_ (County and State, or Country)

DL# \_\_\_\_\_ State: \_\_\_\_\_

Height\*\*: \_\_\_\_\_ Weight\*\*: \_\_\_\_\_ Hair color\*\*: \_\_\_\_\_ Eye color\*\*: \_\_\_\_\_ Gender\*\*: \_\_\_\_\_ Race\*\*: \_\_\_\_\_

\*Used for positive identification, required. \*\*Used for additional accuracy, not required.

Have you been convicted of a crime? ~~Yes~~ Yes • ~~No~~ No

If yes, give details (date, crime, location). \_\_\_\_\_

Current Address: \_\_\_\_\_ Since \_\_\_\_\_  
Number, Street, Apartment # (if any), City, State, Zip Code

List addresses, cities, states and counties of residence you have lived for the past seven years.

<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature below authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me. I give permission that a photocopy of this authorization be accepted with the same authority as the original. The above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date