

## Background Record Check Permission Form

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Your signature on this form grants Choices for Women Resource Center permission to check all states for any criminal record charge or conviction.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Print any alias names used: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Please list any state you have lived in during the past ten (10) years (We do not check juvenile records.)

State: \_\_\_\_\_ City: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Dates: \_\_\_\_\_

Have you ever been arrested, charged, or convicted of any crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details: \_\_\_\_\_

Is there any information that Choices for Women Resource Center might find pertinent when making a decision on whether or not to recommend you for credentials? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details: \_\_\_\_\_

I acknowledge the right of Choices for Women Resource Center to fully examine and check any pertinent information including previous criminal records about those applying for volunteer services. I hereby give permission to Choices for Women Resource Center to conduct a criminal background check about myself, in any state in which I have lived during the past twenty years. I hereby confirm that all the information I have recorded on this page is complete and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_