



## Criminal Background Check Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Sex \_\_\_\_ Race \_\_\_\_ HGT \_\_\_\_ WGT \_\_\_\_ Eyes \_\_\_\_ Hair \_\_\_\_

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

Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_

I understand that I am being considered for a volunteer assignment requiring a DMV and criminal background check. I authorize the disclosure and release of any and all information you may have concerning me, including information of a confidential or privileged nature, or any data or material which may have been sealed or agreed to be withheld pursuant to and prior agreement or court proceeding involving disciplinary matters. Upon review, any printout material will be destroyed.

I release and hold harmless, you, your organization, its agents and representatives, and any person furnishing information, from any and all liability and/or damage which may result from furnishing the above information.

I hereby acknowledge that the information I have provided is accurate. I understand that misrepresentation of information is grounds for denying participation in a volunteer assignment.

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

Today's Date: \_\_\_\_\_

**Skills and abilities:**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Education/special training: \_\_\_\_\_

License(s): \_\_\_\_\_ Professional Certifications: \_\_\_\_\_

Do you speak any languages other than English? \_\_\_\_\_

Are you CPR certified?       Yes     No    Expiration date: \_\_\_\_\_

Are you First Aid certified?     Yes     No    Expiration date: \_\_\_\_\_

Relevant Experience (paid or volunteer) \_\_\_\_\_

Why are you interested in volunteering: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Personal References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Thank you for your interest in volunteering for City of Gresham!*

*The City of Gresham's programs, services, employment opportunities, and volunteer positions are open to all persons without regard to race, religion, color, national origin, sex, age, marital status, disability, or political affiliation.*