

Previous Address: _____ Street _____ City _____ State _____ # Yrs at Address _____
Previous Address: _____ Street _____ City _____ State _____ # Yrs at Address _____
Previous Address: _____ Street _____ City _____ State _____ # Yrs at Address _____

***Volunteers may be required to pay for the Criminal Background Check (if there is a charge)**

OFFICE USE ONLY:

Please indicate how payment was made. Check: ____ Check #: _____ Cash: _____

County Screening Performed: Porter Lake LaPorte

Other: _____ Other: _____

Other: _____ Other: _____

Background check search completed by: _____ on _____

Sex Offender search completed by: _____ on _____

Human Resources Signature: _____ Date: _____