

## **Criminal Background Check Form**

Name:								
Address:								
City:	State:	Zip:						
Phone: Socia	: Social Security Number:							
Sex Race HGT WGT	_ Eyes Hair							
Date of Birth:	Place of Birth	າ:						
Driver's License number:		State:						
I understand that I am being considered fand criminal background check. I authorinformation you may have concerning me privileged nature, or any data or material withheld pursuant to and prior agreement matters. Upon review, any printout material I release and hold harmless, you, your or any person furnishing information, from a result from furnishing the above information.	ize the disclosure e, including information which may have be tor court proceeding will be destroyed anization, its againg and all liability	and release of any and all ation of a confidential or been sealed or agreed to be ng involving disciplinary ed.						
I hereby acknowledge that the information that misrepresentation of information is g 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? Are you First Aid certified?	□ Yes □ Yes	□ No □ No	Expiration date: Expiration date:						
Relevant Experience (paid or volunteer)									
Why are you interested in volunteering  Emergency Contact:  Name:  Phone:			Relatio						
Personal References:									
Name:	Phone:								
Address:			City:	St	ate:	Zip Code:			
Relationship:									
Name:	Phone:								
Address:			City:	St	ate:	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.