NEIGHBORS HELPING NEIGHBORS REFERENCES AND CRIMINAL BACKGROUND CHECK WAIVER

Please fill out ALL information below clearly and legibly.

Full Name: _____

_____Male _____Female

Social Security Number: _____

Date of Birth: _____

Driver's License: State: _____
Number: _____
Expiration Date: _____

Current Address: _____
_____

Phone Numbers: Home: _____
Work: _____

Previously Used Names: _____
_____

PERSONAL REFERENCES ***(Please name references other than family members or friends, such as supervisors, teachers, church leaders, etc.):***

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
1.				
2.				
3.				

In connection with my application as a prospective volunteer in a position which involves working with vulnerable adults (ie. elderly), I hereby authorize Neighbors Helping Neighbors program, via the Utah Bureau of Criminal Identification, to review my past and present employment and education record as well as to conduct a criminal history background check to ascertain any and all information that may be pertinent to my qualifications for involvement in the program. I do hereby release all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information. I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

_____ _____
Volunteer Signature Date

_____ _____
Neighbors Helping Neighbors Representative Signature Date

[12/04]