



MID FLORIDA COMMUNITY SERVICES, INC.

Volunteer Background Check Form

This information provided below will be used to screen for criminal convictions. Your volunteer participation in any Mid Florida Community Services, Inc. program is contingent upon the satisfactory completion of a background screen.

Individuals who have been convicted of a sexual offense are not eligible to serve in an employment or voluntary capacity for Mid Florida Community Services, Inc.

Name of Program:			
Contact Person:		Contact Phone:	
Volunteer Personal Information			
Name: (last)	(first)	(middle)	
Other names you may have used including maiden names:			
Date of Birth – Month:	Day:	year:	Social Security #:
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Driver License #:
Race:			
Current Address:			
City:	State:	Zip:	County:
If you have lived at this address less than two years, provide your previous address(es):			
Conviction Record			
Have you ever been convicted of a violation of any local, state, or federal law other than minor traffic violations: (This includes a plea of guilty or no contest.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If 'YES', date of conviction:		Was the offense a felony or misdemeanor?	
Describe the offense: (If there are multiple convictions or if additional space is required, please include attachments.)			

I, the undersigned, confirm that the statements made by me on this form are true, correct, and complete to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein will void my application for program or Volunteer. I authorize the operators of the above referenced agency to check my personal information against records maintained on the Florida Department of Law Enforcement, Safety Crime Records Service, Sex Offender Database or other similar State or Federal criminal records. I hereby authorize any law enforcement agency to furnish to Mid Florida Community Services, Inc., or its agent, my criminal conviction record for a misdemeanor or felony offense. I do hereby release all agents, servants, and employees of Mid Florida Community Services, Inc. the person in charge of such law enforcement agency or department, and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to Mid Florida Community Services, Inc.

Signature

Date

The information on this form, together with any attachments, is the property of Mid Florida Community Services, Inc. State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with exceptions as provided by law); (2) you are entitled to receive and review that information; (3) you are entitled to have the information corrected at no charge to you.

OFFICE USE: Date: _____ Screening Conducted by: _____
Human Resource Found: ___No DPS Criminal History ___Not Found in Registered Sex Offenders Database
 ___Criminal History in DPS Records ___Registered in Sex Offenders Database ___Other