GREENSBURG COMMUNITY BREAD OF LIFE



BACKGROUND CHECK

I hereby give my permission to Greensburg Community Bread of Life (f/k/a "kitchen") to obtain information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility for various positions within the "kitchen". I understand that while I volunteer here, the criminal history records check may be repeated at any time.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably, any expunged offenses excepted. I understand that any false information submitted in this application may negatively affect my volunteer status.

I understand that this information will be known only to the Board of Directors and Administrative staff and will not be otherwise disclosed or disseminated.

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ULL LEGAL NAME:
IAIDEN NAME:
DATE OF BIRTH:S.S. NUMBER:
TREET ADDRESS:
REVIOUS ADDRESS IF MOVED IN LAST 10 YEARS:
PRIVERS LICENSE NUMBER: INDIANA: ( )YES ( )NO State:
IAVE YOU EVER BEEN CONVICTED OF A FELONY? ( ) NO ( ) YES, f so please explain (When convicted, what convicted of, where conviction happened, Are you on Probation)
RE THERE ANY PENDING CHARGES FILED AGAINST YOU? ( ) NO ( ) YES, PLEASE EXPLAIN: (Where charges filed, What charges are or, When is next court date)
*Please note, Greensburg Community Bread of Life is an equal opportunity volunteer agency and that you may, at one
ime or another, be working side-by-side with a volunteer/employee who has a criminal background. If this is a concerr

FOR OFFICE USE ONLY:

please let the Executive Director or the Volunteer Coordinator know.

 APPROVED:
 DECLINED:
 FURTHER INFO NEEDED: