



BACKGROUND CHECK

Name (please print): _____

Any other names you have used (maiden, previous marriage, etc.): _____

Current Address: _____

Date of Birth: _____ Race: _____ Gender (circle one) F M

Driver's License Number: _____

Social Security Number: _____

I hereby request and authorize the Florida Department of Law Enforcement to conduct a criminal background check on me, and to then release the results of said criminal background check to an agent of Victim Response, Inc. In consideration for conducting said criminal background check, I hereby agree to defend, indemnify and hold harmless the Florida Department of Law Enforcement, Victim Response, its departments, officers, employees and agents from any and all liability or cause of action by any person or entity brought against the City as a result of conducting said criminal background check and the release of the results of said criminal background check as provided herein.

Signature

Date

Note: A conviction does not automatically mean you will not be able to work or volunteer with The Lodge. Please give all of the facts so that an informed decision can be made.