



CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Road to Hope and criminal information services to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

NAME (LAST/FIRST/MIDDLE):					
SOCIAL SECURITY			DATE OF BIRTH: (MM/DD/YYYY):		
GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE					
DRIVER'S LICENSE ID: STATE:			NUMBER:		
ALIASES/OTHER NAMES USED (MAIDEN, ALIAS, LEGAL NAME CHANGE, ETC.):					
RESIDENCE STREET ADDRESS:					
CITY:		STATE:		ZIP	
MAILING ADDRESS:					<input type="checkbox"/> SAME AS RESIDENCE
CITY:		STATE:		ZIP	
HOME PHONE:			CELL PHONE:		
DURING THE LAST 5 YEARS, HAVE YOU BEEN OUTSIDE OREGON FOR 60 DAYS IN A ROW OR MORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING FOR EACH RESIDENCE IN THE PAST 5 YEARS.					
DATE START MM/DD/YYYY	DATE END MM/DD/YYYY	CITY	STATE	COUNTRY	NAMES USED AT THIS RESIDENCE



CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Road to Hope and criminal information services to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

HAVE YOU EVER BEEN CHARGED, ARRESTED, AND/OR CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES, LIST ALL CHARGES, ARRESTS AND/OR CONVICTIONS (ADULT & JUVENILE) AND THE OUTCOME, REGARDLESS OF HOW LONG AGO. ATTACH ADDITIONAL PAGES IF NEEDED					
DATE MM/DD/YYYY	CHARGE, ARREST, OR CONVICTION	OUTCOME (EG, CONVICTION DISMISSAL)	CITY	COUNTY	STATE

I HAVE REVIEWED AND COMPLETED THIS FORM AS APPLICABLE TO ME. I GIVE ROAD TO HOPE PERMISSION TO VERIFY ANY INFORMATION I HAVE PROVIDED. THIS AUTHORIZATION SHALL CONTINUE TO BE IN EFFECT UNTIL REVOKED BY ME. A PHOTOCOPY OR FACSIMILE COPY OF THIS CONSENT SHALL BE EFFECTIVE AS THE ORIGINAL. I UNDERSTAND THAT A CRIMINAL RECORDS CHECK, WHICH MAY INCLUDE A NATIONAL CRIMINALS RECORDS CHECK REQUIRING FINGERPRINTS, WILL BE COMPLETED ON ME. BY MY SIGNATURE, I AFFIRM THAT ALL OF THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE.

SIGNATURE: _____

DATE: _____