

# Background Check Form

All information will be kept strictly confidential.

Name \_\_\_\_\_  
                    First                                    Middle                                    Last

Address \_\_\_\_\_  
                    Street                            City                            State                            Zip

Maiden Name or Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you ever been arrested or convicted for any criminal offense excluding minor traffic violations? \_\_\_\_\_

Have you ever been accused, arrested or convicted of abuse of sexually related crimes? \_\_\_\_\_

Is there anything in your life-style of background that would call into question your ability to volunteer? \_\_\_\_\_

If you answered yes to any of these questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: answering "yes" to any of these questions does not automatically disqualify you. Please use the space provided to explain the circumstances.

I hereby authorize Ronald McDonald House Charities of Northwest Ohio to make an independent investigation of my background and criminal or police records. I release Ronald McDonald House Charities of Northwest Ohio, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above sources. The information contained in this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please write any questions you have on the back of this sheet.