



**CRIMINAL RECORD CHECK RELEASE FOR
S.H.I.P.S. VOLUNTEERS**

**PLEASE PROVIDE THIS INFORMATION AND SUBMIT IT
WITH YOUR COMPLETED APPLICATION**

As a prospective volunteer, I understand that a record check will be conducted for conviction information only.

Last Name: _____ **First Name:** _____ **MI:** _____

Maiden Name, if applicable: _____

Date of Birth: _____

Address: _____

City: _____ **State:** _____ **Zip/postal Code:** _____

Prospective volunteer signature

Date

FOR OFFICE USE ONLY

Record attached

No record

Date: _____