



Legal Name, PLEASE PRINT:

Last	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address:

Street	City	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Email	Organization Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

If yes, please explain:

Date of Birth

HAVE YOU EVER BEEN REPORTED TO ADULT PROTECTIVE SERVICES (APS)? Yes No

If yes, please explain:

*Criminal Background Checks will be conducted through the State of Nebraska JUSTICE search program. If warranted, an additional check will be conducted through the Nebraska State Patrol. **If this becomes necessary, your social security number is required by the State of NE to conduct the State Patrol check and will be requested at that time.***

I authorize the Eastern Nebraska Office on Aging (ENOA) to conduct a criminal records check and hereby release and discharge, to the extent permitted by law, the Eastern Nebraska Office on Aging, its employees, and any individual or agency obtaining information for ENOA for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background search. I certify to the best of my knowledge and belief that the information provided by me is correct and complete. I understand that any false information contained on this document will disqualify me from service with the Eastern Nebraska Office on Aging SeniorHelp Volunteer Program.

SIGNATURE OF APPLICANT

DATE

PROGRAM COORDINATOR SIGNATURE

DATE