



CRIMINAL BACKGROUND CHECK

Have you lived in another state or country in the past 10 years?  
 Circle one: YES NO

If YES, please list all cities, states, county or country you have lived in:  
 \_\_\_\_\_

Have you ever been convicted of a crime? Circle One: YES NO

If YES, please complete the following:

Date of conviction and Sentence: \_\_\_\_\_

Offense: \_\_\_\_\_

List City, County and State where you were convicted: \_\_\_\_\_

Other information regarding convictions: \_\_\_\_\_

DRIVING RECORD CHECK – if applicable to volunteer assignment

Drivers License Number \_\_\_\_\_ Issued by State of \_\_\_\_\_ Expiration \_\_\_\_\_

Does your job description include driving company/agency vehicles? Circle one: YES NO

Are you required to use your own vehicle for the company/agency? Circle one: YES NO

Name of Insured Driver on the primary Vehicle you use: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**Coverage Limits** Per Person \_\_\_\_\_ Per Accident \_\_\_\_\_ Property Damage \_\_\_\_\_

Please list all accidents/violations you have had as a driver in the past **three** years:

| A=Accident<br>V=Violation | Type | Date | Brief Description |
|---------------------------|------|------|-------------------|
|                           |      |      |                   |
|                           |      |      |                   |

In accordance with the Fair Credit Reporting Act, you have a right to make a request within a reasonable period of time, a complete disclosure of the nature and scope of any motor vehicle report which is requested by Metropolitan Family Service.