



foundation
for the
homeless

Name _____ Maiden Name _____

Mailing Address _____

Phone # _____ E-mail _____

Date of Birth _____ Congregation _____

CONSENT TO CONDUCT CRIMINAL HISTORY

To help to ensure the safety of our residents, volunteers and staff, Foundation for the Homeless conducts criminal background checks on all adult individuals applying for our shelter programs. Results of the criminal history check could affect eligibility for the program.

I _____ understand that as a Volunteer with Foundation for the Homeless, a criminal history check will be run. I understand that the results of this criminal history check could affect my eligibility for Foundation for the Homeless programs.

Applicants Signature

Date

Date of Birth

Witness

Date