



Permission for Criminal Record Check

All adults who are working with children and/or vulnerable populations are asked to complete this form, supplying the necessary information for a criminal background check. This is for the safety of our patients. All results will remain confidential.

Please Print

<hr/>		
Last Name	First Name	Middle Name
<hr/>		
Address	City	State/ Zip
<hr/>		
Sex	Race/Ethnicity	Date of Birth (MM/DD/YYYY)
<hr/>		
Social Security Number	Maiden Name	
<hr/>		
Signature	Date	
<hr/>		

I have included a donation of \$15 to offset the cost of this service.
(Check payable: **OPEN ARMS FREE CLINIC**)

Thank you!