
REQUEST FOR STATE OF FLORIDA CRIMINAL HISTORY CHECK

We are required by law to perform a state-wide background check on all potential volunteers that will have contact with our clients. The following is only used for this purpose. If you do not wish to disclose this information you must provide us with a State of Florida Department of Elder Affairs Criminal Background Clearance dated within one year of this questionnaire. Please note that we can not allow any person to volunteer in our adult day care program without a state-wide criminal background check being performed.

Date of Birth: _____ Social Security #: _____

Race: Caucasian African American Hispanic
 Asian Native American

Have you any defects in hearing? Yes No In Vision? Yes No In Speech? Yes No

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my personal background and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, when volunteering, this is for no definite period and may, be terminated at any time without prior notice and without cause. I further understand that abuse, neglect, or exploitation of the elderly is cause for immediate dismissal.”

Signature _____ Date _____

Interviewed by Signature _____ Date _____
