

# Request for Criminal Background Check

## WARREN ROBOTICS

PLEASE COMPLETE ALL THE QUESTIONS

INCLUDE A COPY OF YOUR DRIVERS LICENSE.

Please print neatly.

I, \_\_\_\_\_ will be working with children of MSD of Warren Township as a volunteer. I understand that a criminal background check will be run prior to the start of my duties; consequently, I am providing the following information:

Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

State of Driver's License: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Current Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_

Signature: \_\_\_\_\_

Student's Name(s) and school: \_\_\_\_\_

This is confidential information and will be kept in a locked room to protect this information.

Mail the completed form and the copy of your driver's license to:

**Cathy Perry**

Human Resources

MSD of Warren Township

975 North Post Road Indianapolis, IN 46219

[cerry@warren.k12.in.us](mailto:cerry@warren.k12.in.us)