



Guthrie Public Library Background Check Waiver Form

I hereby give the Guthrie Public Library (GPL) permission to conduct a background check regarding me. I understand that this information will be used, in part to determine my eligibility to volunteer at GPL. The information received will remain confidential and only the GPL will be party to this information. This information is for internal use only and will not be released to anyone outside of the GPL. I understand that a conviction for drug use/selling of drugs, sexual assault, manslaughter, or any crime involving a minor prohibits me from volunteering at GPL. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Last, First M.I. _____

Maiden name or other names used: _____

Current address: _____

How long a current address: _____

City/State/Zip Code: _____

Former Address: _____

How long at former address: _____

Date of Birth: _____

Social Security number: _____

Driver's License/Identification number: _____

Passport ID, Country of origin for passport: _____

Have you ever been convicted of a crime: _____

What was the nature of the offense: _____

Are there any criminal charge pending against you: _____

Applicant Signature: _____ Date: _____