

Financial Literacy Coalition of Dunn County

Budget Coaching Program

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND RECORD CHECK

I understand that FLCDC will be conducting a criminal background check, and the nature of any criminal record could be a consideration in my continued relationship with FLCDC.

The following information is necessary to process the background check:

Name: _____
(Last) (First) (Middle)

Gender: M or F

Date of Birth: _____

Social Security Number: _____

Please list all states in which you have resided:

Please list any other names by which you have been known: _____

Have you ever been convicted of a crime? Yes No

I certify that all information presented is true and complete.

(Signature of Volunteer)

(Date)

The criminal background record check will be requested of the Wisconsin Department of Justice, and any other state as deemed necessary, based on information provided on the application for program participation with FLCDC. The results of the background check will be provided to the applicant.

Results of Criminal Background Check

Date Conducted: _____ Source: _____

Comments:

Approved

Not Approved

(Signature)

(Date)