



BACKGROUND CHECK FORM

PRINT FULL NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE NUMBER/STATE _____/_____

SEX (M/F): _____ CHRYSALIS FLIGHT #: _____

COMPLETE MAILING ADDRESS _____

PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

I authorize Concho Country Chrysalis Community (CCCC) to obtain any criminal history record information relevant to this application from any pertinent law enforcement agency.

CCCC may use information obtained for the purpose of evaluating said applicant for the sole purpose of participating in a Chrysalis Flight. The applicant may be asked to discuss information uncovered as a result of this background check prior to a final decision being made.

CCCC use only

APPROVED _____ DENIED _____

APPROVERS SIGNATURE: _____ DATE: _____