



Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Congregation \_\_\_\_\_

### CONSENT TO CONDUCT CRIMINAL HISTORY

To help to ensure the safety of our residents, volunteers and staff, Foundation for the Homeless conducts criminal background checks on all adult individuals applying for our shelter programs. Results of the criminal history check could affect eligibility for the program.

I \_\_\_\_\_ understand that as a Volunteer with Foundation for the Homeless, a criminal history check will be run. I understand that the results of this criminal history check could affect my eligibility for Foundation for the Homeless programs.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

[www.foundationhomeless.org](http://www.foundationhomeless.org)

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