

First Light



A Place of Gentleness

*The Child Advocacy Center of Grant County
707 River Drive, Suite B
Marion, Indiana 46952
765-668-8082
765-668-8087 (Fax)*

I hereby authorize the Grant County Sheriff's Department to run a criminal background check (NCIC) for First Light, Child Advocacy Center, to assist First Light in determining if I have a past criminal offense that would cause me to be inappropriate to be employed with First Light. Any information obtained from the Grant County Sheriff's Department about a particular individual will be kept confidential by First Light, and not shared with anyone else. The information asked for below is needed to obtain the criminal history background, and is only being asked for that reason. Any discovery of a criminal history will require further review of your application.

I further understand that if I refuse to this background check, I will not be eligible for employment for volunteer purposes.

NAME _____
(please print)

SOCIAL SECURITY # _____

DATE OF BIRTH _____

SIGNATURE OF PROSPECTIVE EMPLOYEE / VOLUNTEER

DATE

This check is requested by _____

This criminal background check is authorized by Janet Bailey, Executive Director.

"we shall have no higher priority than to protect our children"