

Anchorage Coalition of Community Patrols

Request for Background Check

Name _____

First

Middle

Last

D.O.B. ____/____/____/ S.S.N. _____ ADL. _____

Current Address _____

Addresses for prior 10 years _____

*** attach separate sheet if needed ***

Home phone _____ Cell _____

Email _____

Have you been arrested in the last 10 years ? _____ State _____

Have you been convicted of a crime in the last 10 years ? _____ State _____

I am requesting this background check prior to membership with
Airport Heights Community Builders Safety Patrol (AHCB Safety Patrol)

Printed Name _____

Signature _____

Date _____