



VOLUNTEER FORM
Local Criminal History Records Check

Date: _____

Dear Sheriff _____:

Pursuant to Chapter 435, F.S., **FAITH BAPTIST ACADEMY** requests a local records check on the applicant listed below:

_____	_____	_____	_____
(last name)	(first name)	(middle name)	
_____	_____	_____	_____
(date of birth)	(social security number)	(race)	(sex)

Please circle the county you live in: Pasco Hillsborough Other _____

If you have lived in your current county for 6 months or less, what is the previous county you lived in?:

Please document the findings on this check and return the information to:

FAITH BAPTIST ACADEMY
ATTN: ADMINISTRATOR
6300 OAKLEY BLVD.
WESLEY CHAPEL, FL 33544