Children's Disaster Services
601 Main Street, P. O. Box 188
New Windsor, MD 21776 - 0188
410-635-8734 Fax: 410-635-8739
Email: CDS_gb@brethren.org

Criminal Background & Sexual Offender Check - Release and Residential History Form

Please complete the following form and provide a minimum of 7 years of residential history. All these records are held as highly confidential and will not be released to any organization or individual.

Legal Name _____ Date of Birth_____
first middle last

Maiden/Other name _____ SS# _____

Year your maiden/other name was last used _____

I hereby authorize Children's Disaster Services (CDS) to obtain information pertaining to my background, including a criminal history check and a sexual offender registry check for certification as a CDS volunteer. I hereby fully release and discharge the Church of the Brethren General Board, Children's Disaster Services, other authorized representatives of the program or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

** Signature: _____ Date _____

Residential History - Please list each place you have lived for the last 7 years.

(1) Current Address _____ Dates/From _____ To _____

City _____ State _____ Zip _____ County _____

(2) Previous Address _____ Dates/From _____ To _____

City _____ State _____ Zip _____ County _____

(3) Previous Address _____ Dates/From _____ To _____

City _____ State _____ Zip _____ County _____

(4) Previous Address _____ Dates/From _____ To _____

City _____ State _____ Zip _____ County _____

** Make sure all parts of this form are completed and that you have signed the release section. When completed, return this form to Children's Disaster Services along with **a check or money order made payable to *Children's Disaster Services* for $25.00** if you live in any state except for the following; **$32.00 if you live in Michigan; $63.00 for New York**; **$35.00 if you live in California**; and **$40.00 if you live in South Dakota**. This covers the cost of having National Background Investigations do the background check and will complete your certification process. **Note**: **Mail form and check to:** Children's Disaster Services*, 601 Main Street, P.O. Box 188, New Windsor, MD 21776.*

For Office Use Only: *Criminal History Background Search ____ (Statewide ____ or County ____) (use statewide search if less expensive)*

Sexual Offender Registry ____ (Statewide ____ or County) Check other names: Yes _____ No _____

$_____ payment received (Check # _____ Dated: _____) _____ recorded in Access