

Martha's Vineyard Camp Meeting Association

Criminal Records Check Form - Confidential

Complete this form for each applicant using a separate form for each applicant.

I hereby request the MVCMA to conduct a Criminal Background Check based on information contained below, I hereby authorize any federal, state, or local law enforcement agency to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said federal, state or local law enforcement agency from any and all liability resulting from such disclosure.

| | |
|--|--|
| Leaseholder Applicant Name (Note: must include middle name or initial) | |
| Maiden Name, if applicable | |
| All Alias Names | |
| Date of Birth | |
| Place of Birth | |
| Social Security Number | |
| Current Address | |
| Previous Address (if not at current address for the past 5 years.) | |

| |
|---|
| Check the box below |
| <input type="checkbox"/> * By checking this box and typing my name below, I am electronically signing my application. |

| | |
|-------------------|--|
| Signature (sign) | |
| Printed signature | |
| Today's date | |