

REQUEST FOR LIMITED LOCAL CRIMINAL RECORDS INFORMATION

Date: [] [], 2019

Requested by:

Schererville Girls Softball Contact person: **Sonya Rhody**
P.O. Box 401 **President, Schererville Girls Softball**
Schererville, IN 46375 **(219) 718-0086**

Reason for the request:

To perform a limited local criminal background history in relation to:

- (1) Volunteer services that involve contact with, the care of or supervision over a child in regard to a non-profit entity, namely: Schererville Girls Softball.**

- (2) Retaining an officially titled position with Schererville Girls Softball, as designated in the *Constitution By-Laws*, ie. President, Treasurer, Committee Head, etc.**

BACKGROUND REQUESTED ON:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

DOB: _____ **Sex:** _____

Social Security Number: _____

Applicant's Signature: _____

STATE OF INDIANA)
)SS:
 COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for [] County, State of [], personally appeared the above-listed Applicant and acknowledged the execution of the foregoing instrument this [] day of [], 2019.

My Commission Expires: []

 Notary Public Signature

My County of Residence: []

 Print Name