

Date Received _____

Approval: Granted _____ Denied _____



ID Badge Updated Information & Background check
Grant County Sheriff's Chaplaincy Ministry
214 East Fourth Street, Marion, IN 46952 • (765)-662-9836 x2123
PERSONAL & CONFIDENTIAL INFORMATION

Name _____
Please Print (Last) (First) (Middle) (Maiden Name)

Home Address _____
Street City State Zip Code

Male _____ Female _____ Date of Birth _____ Email _____

Place of Birth _____ Phone Number _____

Soc. Sec. # _____

Current Occupation _____ Employer _____

Work Phone _____ Supervisor _____

Spouse's Name _____

In case of an emergency, notify _____
Name Phone

GRANT COUNTY SHERIFF'S DEPARTMENT VOLUNTEER APPLICANT'S REQUEST/WAIVER TO RELEASE
INFORMAITON

*I hereby authorize all persons to whom this request (original or reproduction), having information relating to or concerning me, to furnish such information to a duly appointed employee of the Grant County Sheriff's Department.

*I am aware that this information may be of personal nature and may otherwise be protected from disclosure by my constitutional rights and/or statutory or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations from all claims, of any nature, as result of said communication or disclosure.

Information to be disclosed:

NCIC Criminal History Check

Signature of Applicant

Date

