

# Anchorage Coalition of Community Patrols

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## Request for Background Check

Name \_\_\_\_\_

First

Middle

Last

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_/ S.S.N. \_\_\_\_\_ ADL. \_\_\_\_\_

Current Address \_\_\_\_\_

Addresses for prior 10 years \_\_\_\_\_

\*\*\* attach separate sheet if needed \*\*\*

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Have you been arrested in the last 10 years ? \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted of a crime in the last 10 years ? \_\_\_\_\_ State \_\_\_\_\_

I am requesting this background check prior to membership with  
Airport Heights Community Builders Safety Patrol (AHCB Safety Patrol)

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Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_