

34.9B TEXAS-OKLAHOMA DISTRICT OF KIWANIS INTERNATIONAL SECURE ONLINE APPLICATION FOR A CRIMINAL BACKGROUND INVESTIGATION (CBI)

Kiwanis Club of _____ Key Number _____

Club Secretary _____ Division _____

Mailing Address _____

City, State, Zip _____

Email _____ Telephone _____

Name of individual requesting CBI:

Last name First name FULL MIDDLE NAME (or NONE)

Date of Birth: ____ / ____ / ____ Gender: M / F
(Please Circle)

Race: Anglo, African Am., Am. Indian, Asian, Hispanic, Other: _____
(Please circle as appropriate) (Please Specify)

EMAIL ADDRESS: _____
(Required)

Address _____
Street Apt
City State Zip Code

Telephone number where you can best be reached: _____

I hereby certify that the information provided above is true, correct, and complete.

Signature of person requesting CBI _____

Date signed _____

Upon receiving these signed forms (34.9B & 34.10) and payment of \$7.30 **the person requesting the CBI will be emailed a link to a secure website where they can enter their personal information for the background check. The background check is then performed in a secure online environment.** After the person enters their information and clicks on the APPLY key, their personal information is automatically encrypted and **will not** be re-entered or seen by anyone in the District Office or the Qualifying Investigation Organization again. (Payment may be made using a credit card. See Form 34.10 for more information.)

Information provided on this form is for the sole purpose of obtaining results of a Criminal Background Investigation for the Texas-Oklahoma District of Kiwanis International. Investigation results will be maintained at the Texas-Oklahoma Kiwanis District Office and will not be disseminated to individuals or clubs other than a one word result: favorable or unfavorable. All information provided on this sheet will be destroyed (micro shredded) once the report is received. The only information retained at the District Office (for 2 years) will be the signed consent form – Policy 34.10.

Make checks payable to TX-OK District of Kiwanis Int'l CHECK # _____ or...

Payment: Visa MasterCard Discover Amount to Charge \$ _____

Credit Card Number: _____ Exp. Date ____ / ____ MM/YY

Cardholder's Billing Street Address: _____

Cardholder's Name: _____ Billing Zip Code: _____

Cardholder's Signature: _____

Mail to: 3010 W. Park Row Dr, Suite 100, Pantego, TX 76013, scan/email to txokdist@swbell.net or Fax to: 866-574-0698. Optional: For increased security a club may consider using certified mail.

NOTE: Be expecting an email from the District Office - follow instructions on this email to complete your background check.

Form 34.10 **MUST** accompany this application.

Please staple back side of 34.9B to back side of 34.10.

34.10 CONSENT TO PERFORM CRIMINAL BACKGROUND INVESTIGATION IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT (FCRA)

I, _____ am an applicant to work directly with youth under the age of 18 in the Texas-Oklahoma District of Kiwanis and have been advised that as a part of this application process, a criminal background investigation will be conducted and a report issued. Such investigation may include, but is not limited to, verification of identity, driver's record, and criminal background records.

I hereby release all persons or entities from liability from any alleged damage that may result from furnishing accurate information in good faith to the Texas-Oklahoma District of Kiwanis International. I do hereby consent for the Texas-Oklahoma District to use any information provided during the application process in performing the criminal background report. I have been informed that I have the right to review and challenge any negative information that would adversely impact a decision on my membership/application. In addition, I have been informed that I will have a reasonable opportunity to clear any mistaken information reported within a reasonable time frame established within the sole discretion of the Texas-Oklahoma District of Kiwanis International. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address, and telephone number of the reporting agency as well as the nature, substance, and source of all information.

Information provided on this form is for the sole purpose of making a determination of the ability to work with youth who are under the age of 18 in a relationship under the auspices of a Kiwanis Club of the Texas-Oklahoma District of Kiwanis International. Investigation results will not be disseminated to individual clubs other than one-word results: favorable or unfavorable. If an unfavorable report is received, an applicant may appeal to a Special Appeal Committee of the Texas-Oklahoma District. All information is confidential.

Applicant's signature

Date

Applicant – PRINT NAME HERE

Mail to: 3010 W. Park Row Dr, Suite 100, Pantego, TX 76013, scan/email to txokdist@swbell.net or Fax to: 866-574-0698. Optional: For increased security a club may consider using certified mail.

Please staple back side of 34.9B to back side of 34.10.