

**LAKE OSWEGO TRANSITIONAL SHELTER MINISTRY
P.O. Box 1069
Lake Oswego, OR 97034**

Congregation/Organization: _____

**CONFIDENTIAL
VOLUNTEER RELEASE
CRIMINAL RECORD INFORMATION**

A criminal background check is now routinely completed for all persons desiring to serve on the LOTSM Board of Directors or who will be providing direct services to our client families. Please provide the following information, **printing clearly.**

Full Legal Name: _____

Maiden Name: _____

Other Name(s) Used: _____

Date of Birth: _____

Social Security Number (Optional) _____

PLEASE LIST ALL ADDRESS FOR THE PAST SEVEN (7) YEARS:

1. _____

2. _____

3. _____

Date: _____

Applicant's Signature: _____

Print Full Name: _____

**RETURN COMPLETED FORMS TO: LOTSM
 PO BOX 1069
 LAKE OSWEGO OR 97034**