

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

Kiwanis Club of: \_\_\_Abilene\_\_\_\_\_ Key Number: \_\_\_K00403\_\_\_

Club Secretary: \_Faye Dodson\_\_\_\_\_ Division: \_\_35\_\_\_

Mailing Address: \_\_\_473 Cypress St Suite 107\_\_\_\_\_

City, State, Zip: \_Abilene TX 79601\_\_\_\_\_

Email: [kiwanis@abilenekiwanis.org](mailto:kiwanis@abilenekiwanis.org) Telephone: 325-673-1341

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Name of individual requesting CBI:

\_\_\_\_\_ Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Required)

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

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

Address: \_\_\_\_\_ Street \_\_\_\_\_ Apt \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of issue: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

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: \_\_\_\_\_

*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 (shredded) once the report is received. The only information retained at the District Office (for 2 years) will be the signed consent form.*