

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 Suite 107

City, State, Zip: Abilene TX 79601

Email: Kiwanis@abilenekiwanis.org Telephone: 325-627-7134
Or fdodson@ffin.com

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.

Form 34.10 **MUST** accompany this application.

**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.

In addition, I agree to permit the Texas-Oklahoma District of Kiwanis International to release the results of this investigation to Kiwanis International should I request permission to attend any Kiwanis International event pertaining to youth under the age of 18.

Please Note: Failure to check the box above will result in requirement of a Kiwanis International background check for each (all) KI event(s) involving youth under the age of 18.

Applicant's signature

Date

Applicant – PRINT NAME HERE

(Form 34.9A or 34.9B must accompany this form (34.10). Please use separate forms and staple them together.)

District Officer entering information

Date

Make checks payable to **Texas-Oklahoma District of Kiwanis International**

Mail check for \$7.30 and forms to:
Fee Paid by Kiwanis Club of Abilene
You may send one check
with multiple forms.

Texas-Oklahoma District of Kiwanis
Attn: District Secretary
624 Six Flags Drive, Suite 265
Arlington, TX 76011-6342