

INTERNATIONAL POLICE MUSEUM

212 N. HIGHWAY 101, P. O. BOX 165

ROCKAWAY BEACH, OR 97136

Volunteer Program



Personal History and Background Information Release

Name: _____ Date of Birth: _____ Sex: _____

Phone/Cell _____ Email: _____

Mailing Address _____

Street Address _____

OLD# _____ Please list all residences within the last five years:

Please list two references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any criminal convictions in the last ten (10) years other than minor traffic tickets such as for speed and parking. _____

Authorization to Release Information:

To Whom It May Concern: By my signature I authorize you to furnish to the International Police Museum any and all information you may have concerning me or my employment or criminal record, if any. This release does not include medical files or histories except to the extent they may be an incidental part of my employment or criminal history records.

I hereby release you, your organization, its officers and employees from any liability or damage resulting from furnishing this information to the international Police Museum.

Name (Printed) _____ Signature _____

Subscribed and Sworn to before me this ____ day of _____, 2016.

Notary Public

My Commission Expires: _____

Notary Seal

A photocopy of this request shall be, for all intents and purposes, as valid as the original.