



EMS Prevention Program
Criminal History Statement

Name: _____ DOB: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone: _____

CRIMINAL HISTORY STATEMENT

Have you ever had a suitability determination made by the Department of Human Resources in connection with a previous criminal history information background check? Yes (☐) No (☐).

Have you ever been convicted of a crime? Yes (☐) No (☐). If yes, state the date, crime, location, punishment imposed, and whether the victim was a child or an elderly or disabled individual.

Certification: I, _____, have completed this form based on my interest in participating in the EMS Prevention Services "Adopt-A-Grandparent" program as a volunteer. I certify that the information I have provided is correct to the best of my knowledge.

Printed Name

Date

Signature

Date

EMS Prevention Program

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