

**NCDAC**  
**DIVISION OF ADULT CORRECTION-PRISONS**  
**CRIMINAL BACKGROUND CHECK REQUEST FORM**

**Training Date: March 25, 2024 5:00 PM**  
**Location: Benson Memorial UMC – 4706 Creedmoor Road Raleigh, NC 27612**

**\*\*(Deadline for return of this form: February 16, 2024)\*\***

**In order for the request to be processed ALL items must be filled out.**

NAME OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

If Legal Name has changed within the last (2) two years provide prior name:  
\_\_\_\_\_

**Purpose of Request:** Comm. Volunteer \_\_\_\_\_ 1<sup>st</sup> Time/New Volunteer \_\_\_\_\_  
**Recertification:** \_\_\_\_\_ **Education:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Operator License Number (DL): \_\_\_\_\_ State of Issue: \_\_\_\_\_

**Complete Social Security Number:** \_\_\_\_\_ **(ALL NINE NUMBERS REQUIRED)**

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Secondary Address: (If at current address less than (5) five years)  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*BELOW THIS LINE OFFICE USE ONLY\*\*\*\*\*

Requested By: Mrs. K. Lewis, PD1, Community Volunteer Coordinator

Phone Number: (919) 873-5538

Date of Request: February 6, 2024

Pin Check Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_