

## WCS - VOLUNTEER FINGERPRINTING FORM

School Name:			
Last Name:			
First Name:			
Middle Name:			
Date of Birth: (use boxes)	<b>Month</b> <input style="width: 40px; height: 20px;" type="text"/>	<b>Day</b> <input style="width: 40px; height: 20px;" type="text"/>	<b>Year</b> <input style="width: 40px; height: 20px;" type="text"/>
Place of Birth: (State you were born)			
Social Security Number:	-	-	
Sex: (check box)	Male <input style="width: 40px; height: 20px;" type="checkbox"/>	Female <input style="width: 40px; height: 20px;" type="checkbox"/>	
Race: (check box)	White <input style="width: 40px; height: 20px;" type="checkbox"/>	Black <input style="width: 40px; height: 20px;" type="checkbox"/>	Asian/Pacific Isl. <input style="width: 40px; height: 20px;" type="checkbox"/>
	Amer. / Indian <input style="width: 40px; height: 20px;" type="checkbox"/>	Hispanic <input style="width: 40px; height: 20px;" type="checkbox"/>	
Eye Color: (check box)	Black <input style="width: 40px; height: 20px;" type="checkbox"/>	Blue <input style="width: 40px; height: 20px;" type="checkbox"/>	Brown <input style="width: 40px; height: 20px;" type="checkbox"/>
	Green <input style="width: 40px; height: 20px;" type="checkbox"/>	Hazel <input style="width: 40px; height: 20px;" type="checkbox"/>	Maroon <input style="width: 40px; height: 20px;" type="checkbox"/>
	Gray <input style="width: 40px; height: 20px;" type="checkbox"/>		
Hair Color: (check box)	Bald <input style="width: 40px; height: 20px;" type="checkbox"/>	Black <input style="width: 40px; height: 20px;" type="checkbox"/>	Blond/Strawberry <input style="width: 40px; height: 20px;" type="checkbox"/>
	Brown <input style="width: 40px; height: 20px;" type="checkbox"/>	Gray/Part Gray <input style="width: 40px; height: 20px;" type="checkbox"/>	Red/Auburn <input style="width: 40px; height: 20px;" type="checkbox"/>
	Sandy <input style="width: 40px; height: 20px;" type="checkbox"/>	White <input style="width: 40px; height: 20px;" type="checkbox"/>	
Height:			
Weight:			
Country of Citizenship:			
Driver License # and State:	License #:	State:	
Address:			
City:			
State:			
Zip Code:			
Email Address:			
Daytime Phone Number:	(Area Code First):	(        )	-
Cellular Phone Number:	(Area Code First):	(        )	-

ALL INFORMATION IS REQUIRED TO COMPLETE THE REGISTRATION FOR THE TBI/FBI CRIMINAL BACKGROUND CHECK.