



EXPLORING ADULT PARTICIPANT



All adults must be 21 years of age or older. The annual participation fee is \$7.00 per individual.

(PARTICIPATING ORGANIZATIONS WHICH ARE LOCAL, STATE, OR FEDERAL GOVERNMENTAL AGENCIES REFER TO FORM #28-573)

Date: _____

Post #: _____ Participating Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

(Please Print Legibly)

Name: (no nicknames or initials) _____

SS # _____ - _____ - _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: (_____) Business Telephone #: (_____)

Birth Date: _____ / _____ / _____ Gender: _____ Position: _____

E-Mail: _____

Signature: (see below) _____

Organization Head or Designee: _____

BY SIGNING AND SUBMITTING THIS ROSTER YOU ARE AUTHORIZING A CRIMINAL BACKGROUND CHECK ON YOURSELF. THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES. EACH PARTICIPANT HAS AN OPPORTUNITY TO REVIEW AND CHALLENGE ANY ADVERSE INFORMATION DISCLOSED BY THE CHECK.