



**DESERT OF FLORIDA  
A.E.A.O.N.M.S.  
BACKGROUND INFORMATION FORM**



**NAME:** \_\_\_\_\_  
**LAST**
**FIRST**
**(FULL MIDDLE NAME)**

**LIST ANY ALIASES:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **CURRENT AGE:** \_\_\_\_\_ **SS #** \_\_\_\_\_  
**MM/DD/YY**
**LAST 4 DIGITS**

**HOME ADDRESS:** \_\_\_\_\_  
**STREET**
**CITY**
**STATE & ZIP**

**IF LESS THAN 6 MONTHS LIST YOUR PREVIOUS ADDRESS BELOW**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**By signing the form I give permission to the Desert of Florida, A.E.A.O.N.M.S. to conduct a professional background check to allow me to work with and participate in youth activities.**

**TEMPLE/COURT NAME AND NUMBER** \_\_\_\_\_

**ILL. POTENTATE/ III COMMANDRESS NAME** \_\_\_\_\_

**ILL. POTENTATE/ ILL. COMMANDRESS EMAIL** \_\_\_\_\_

**ILL. POTENTATE/ III COMMANDRESS PHONE NUMBER** \_\_\_\_\_

**A \$15.00 PROCESSING FEE MUST BE SENT TO THE DESERT RECORDER, HPIP FREDDIE WHITEHEAD, IN THE FORM OF A TEMPLE/COURT CHECK MADE PAYABLE TO THE DESERT OF FLORIDA.**

**Mail completed Application and Check to:  
 HPIP Freddie Whitehead, Desert Recorder  
 3596 27<sup>th</sup> Ave. South  
 St. Petersburg, FL 33711**