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

NAME:_____
LAST **FIRST** **(FULL MIDLE** NAME)

LIST ANY ALIASES:_____

DATE OF BIRTH:_____ **CURRENT AGE:**_____ **SS #** _____
MM/DD/YYYY **FULL SS#**

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/ Ill COMMANDRESS NAME_____

ILL. POTENTATE/ ILL. COMMANDRESS EMAIL_____

ILL. POTENTATE/ Ill COMMANDRESS PHONE NUMBER _____

This form is to be completed & submitted along with your $20 background fee to your Temple Recorder.