CRIMINIAL HISTORY RECORD
NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST:
Appointment/Enlistment in the Virginia Defense Force and continuous monitoring after accession into the Virginia Defense Force

APPLICANT – PLEASE READ THOROUGHLY AND INITIAL AND DATE AFTER EACH STATEMENT:
The Virginia Defense Force is entitled by Section 19.2-389 of the Code of Virginia to:

1. Obtain a copy of any criminal history record that I may have. _____
2. Obtain a prompt determination as to the validity of criminal record(s) I may have before enlistment or appointment in the Virginia Defense Force (VDF). _____
3. Prior to the completion of the criminal record search(es,) I will not be sworn in to service in the Virginia Defense Force and may not participate in any VDF training activities or events. _____
4. Should I be found to have a conviction for any felony, misdemeanor of moral turpitude, current domestic protective order, habitual DUIs, be found to be on a sex offender registry, or any conviction or behavior that would bring discredit upon the VDF, I understand that I will be disqualified for service in the Virginia Defense Force. _____
5. Should it be found that, after being sworn in to service in the Virginia Defense Force, I have a conviction for any felony, misdemeanor of moral turpitude, current domestic protective order, habitual DUIs, be found to be on a sex offender registry, or any conviction or behavior that would bring discredit upon the VDF, I understand that I am subject to discharge from the Virginia Defense Force. _____
6. I understand that the Virginia Defense Force will conduct periodic background checks on me during my term of service with the organization. _____
7. I understand that Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose by the Virginia Defense Force. _____

NAME INFORMATION TO BE SEARCHED:

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME

RACE	SEX	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER

CONSENT OF APPLICANT I hereby give consent and authorize the Virginia Defense Force to search the files of the Central Criminal Record Exchange (CCRE) for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

_____
Signature

State/Commonwealth of_____ City/County of_____ Date _____

SIGNATURE OF VIRGINIA DEFENSE FORCE AGENT As provided in Section 19.2-389 of the Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm that I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

Virginia Defense Force
5001 Waller Road
Richmond, Virginia 23230-2915

_____	_____	_____
Date of Request	Signature of Authorized Agent	Printed Name

VDF USE ONLY

☐ Background check conducted (Date:_____) ☐ Person passed background check for VDF purposes (☐ Yes/ ☐ No)

☐ Results attached