

HOLIDAY HEROES APPLICATION FORM



DATE OF APPLICATION: (M/D/YR): ____/____/____

Applicant's Name: _____ DOB:(M/D/YR): _____ Gender: M F

Address: _____ City: _____ St: _____ Zip: _____

Phone #1 _____ Phone #2 _____ Email: _____

Applicant's Spouse or Significant Other/ Name: _____ DOB:(M/D/YR): _____ Gender: M F

CHILDREN LIVING WITH APPLICANT

Name of School If Applicable

Name: _____ Age: _____ Gender: M F _____

Name: _____ Age: _____ Gender: M F _____

Name: _____ Age: _____ Gender: M F _____

Name: _____ Age: _____ Gender: M F _____

Name: _____ Age: _____ Gender: M F _____

Name: _____ Age: _____ Gender: M F _____

PLEASE PROVIDE CONTACT INFORMATION OF A REFERENCE OR If you are referring a family please provide your contact info below.

Name: _____ Address: _____ Phone#1 _____

City/State/Zip _____ Email: _____

Has the Applicant applied for similar Donations in the past two years: IF YES, WHAT ORGANIZATION(S)?

YES NO

To be eligible, Unified Police need's your authorization to complete a background check.

I AUTHORIZE UPD to conduct a background Check (APPLICANTS SIGNATURE): _____ Date: _____

RETURN THIS APPLICATION TO THE UPD RIVERTON PRECINCT. ATTN: C.O.P. 1274 WEST 12700 SOUTH, RIVERTON, UT 84065

Note: Only those Applicants who are selected for further review will be contacted.