



Neighbor Network

4400 Castleton Court · Castle Rock · CO 80109 · 303-660-7519

Background Check Waiver/Insurance Beneficiary Form

Legal Name _____		
First name	Middle Name	Last Name
Address _____		City _____ Zip _____
Date of Birth _____	Social Security # _____	

Program Information

The Neighbor Network is a membership program designed to provide services and assistance to members, by other members. With the purpose of providing thorough screening and protection to all members of the program, we are requiring that all members agree to a minimal security background check prior to beginning the Neighbor Network program. This check will be done by the Douglas County Sheriff's office. The results of this background check will be kept confidential and will be used only as a method to identify any harmful situations that may impact our members.

Insurance Beneficiary Declaration

As a Neighbor Network member, you will be covered through the program's insurance policy. Please name a beneficiary for your insurance.

Primary Beneficiary _____

Address _____ Relationship to you _____

Secondary Beneficiary _____

Address _____ Relationship to you _____

By joining the Neighbor Network program, I grant permission to a background check to be performed by the Douglas County Sheriff's office prior to starting the program. I have full knowledge that this information will be kept confidential. My signature also indicates my selection of insurance beneficiary.

Signature _____ Date _____