



**North Shore Navigators**  
*"Tomorrow's stars chasing dreams today"*

## Host Family Application (Background Check)

### Mandatory Background Check

**A COPY OF VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.** Please email ([hostfamily@nsnavs.com](mailto:hostfamily@nsnavs.com)) or fax (781.593.5025) this application to North Shore Navigators.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Driver's License #: \_\_\_\_\_ ST: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Driver's Lic. #: \_\_\_\_\_ ST: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s):  Yes  No

If yes, describe each in full (attach sheet if necessary): \_\_\_\_\_

As a condition of working with North Shore Navigators, I give permission for the North Shore Navigators organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon North Shore Navigators receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability North Shore Navigators, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, North Shore Navigators is not obligated to appoint me to a position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of North Shore Navigators policies or principles.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (please print or type): \_\_\_\_\_

NOTE: North Shore Navigators will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability. **ALL INFORMATION OBTAINED IN THIS BACKGROUND CHECK WILL BE HELD STRICTLY CONFIDENTIAL.**