

IDAHO DEPARTMENT OF CORRECTION
Sex Offender Chaperone Background Investigation Questionnaire

*Please read and answer all questions below.
Please print. Use black or blue ink.
Be accurate and complete.
All answers are subject to verification.*

Offender's Information

Offender's name: _____ IDOC #: _____

Proposed Chaperone's Personal Information

Print or type your full legal name: _____
Last First Middle

List all other names you go by (i.e., nicknames, maiden, other married) _____

What is your relationship to the offender? _____

Do you know what crime(s) the offender committed? If yes, what is/are they? _____

List your current home address _____
Street City State Zip

List your current phone numbers _____
Home Cell Other

Provide your mailing address (if different from home address) _____
Street City State Zip

Are you a citizen of the United States? Yes No If no, answer the next questions.

Are you a permanent resident alien who is eligible for and has applied for citizenship? Yes No

Have you obtained permission from INS to work in the United States? Yes No

Note: The following information you provide is required for verification in conducting the criminal background check:

Date of Birth ____ / ____ / ____ Place of Birth _____

Social Security Number ____ / ____ / ____ Driver's license # _____
City State State

Height _____ Weight _____ Hair Color _____ Eye Color _____

Gender Male Female Race _____

Employer's Name and Address _____

Drug or alcohol use? Yes No If yes, please list _____

Any felony offenses? Yes No If yes, please list _____

Any misdemeanor offenses? Yes No If yes, please list _____

Certification of Background Investigation Questionnaire Answers

Idaho Department of Correction's (IDOC's) Statement

The statements and answers that you provided in this background investigation questionnaire are subject to verification. Any discrepancies, misstatements, omissions and/or falsifications that you made, may disqualify you from consideration as a chaperone with the IDOC.

Proposed Chaperone's Statement of Understanding

I voluntarily agreed to provide this completed background questionnaire for the purpose of conducting a background check for consideration as a chaperone. I understand that the background investigation questionnaire must be fully completed and no information left out. If the form is partially completed, I may not be considered as a chaperone.

Proposed Chaperone's Statement of Certification

I certify that all of my answers in this questionnaire are true and complete. I understand that any discrepancies, misstatements, omissions and/or falsifications will subject me to disqualification from being eligible as a chaperone with IDOC.

Proposed Chaperone's Printed Name

Proposed Chaperone's Signature

Date