

## **REGISTRATION AND BACKGROUND**

### **CHECK INSTRUCTIONS**

Pre-Register for the Dream Ride online or by mail.

Download and print IDOC Background Check Application

Complete IDOC form and please submit completed form(s) with a copy of your Driver's License by August 31st to ensure clearance by ride day.

Completed applications can be faxed, sent via-secure email or mailed with a copy of your drivers license/govt issued ID. Dream Ride registrations include all ride day activities. Approval is only necessary to enter the Pendleton Correctional Facility. Applicants will be notified after IDOC review.

Return completed applications with a copy of your drivers license by Aug 31st to:

Mail

Old National Bank Attention: Kathy Spangler-Dream Ride

9720 E US Hwy 36, Avon, IN 46123

Fax

317-273-6141 ATTN: Kathy Spangler-Dream Ride

Email

(To protect your personal information from internet vulnerability, we suggest using only secured email with encryption. If your email is not encrypted or you are not sure, please mail or fax.)

[dreamrideindy@gmail.com](mailto:dreamrideindy@gmail.com)



## INDIANA DEPARTMENT OF CORRECTION

\_\_\_\_\_  
 Facility/Parole District/Central Office

\_\_\_\_\_  
 Reason for Background Check

By the person's signature on this form, he/she is aware of and has agreed to a criminal history and warrants check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in the determination of approval or denial of employment, volunteer, and visitation. This information will only be shared on a need-to-know basis. Please print clearly and provide the most accurate and complete information.

Last Name	First Name	Middle Name	Maiden Name
Street Address	City	State	Zip Code
Previous Address(es)	City	State	Zip Code
Date of Birth	State of Birth	Social Security Number	Driver's License Number
State of Driver's License	Sex	Race	Weight
Height	Hair	Eyes	Felony conviction: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain on back
Employer	Address	City	State
If born outside the USA, how old were you when you arrived in the country?			
If born outside the USA, were your parents in the US Military at the time of birth? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Passport Number		Green Card Number (Form I-90)	

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Authorized Facility Representative

\_\_\_\_\_  
 Date