PERSONNEL INFORMATION

AS A SUPPLEMENT TO BINGO/RAFFLE APPLICATION

RESET FORM

Virginia Department of Charitable Gaming

Section 18.2-340.25, Code of Virginia, 1950, as amended, provides that no charitable gaming license can be issued prior to a reasonable investigation conducted by the Department of Charitable Gaming. The following information is required to conduct a criminal history background investigation. Individuals designated below hereby authorize the Department of Charitable Gaming and/or the Virginia Department of State Police to investigate all matters relating to this application, and each individual designated below hereby waives any rights or causes of action they may have based upon the disclosure of otherwise confidential information.

Complete the following information for **ALL** corporate officers and gaming managers. Provide **complete** information. **FULL PROPER NAMES** must be listed and include: first name, middle name and last name -- **applications with initials will cause a delay in processing**. **If an individual has no middle name, then insert "NMN"**. Attach additional sheet(s), if necessary.

Position Code **(P)** President **(VP)** Vice President **(T)** Treasurer

(BM) Bingo Manager **(S)** Secretary **(RM)** Raffle Manager

Full Name: _____ Position: _____

First Name Middle Name Last Name

Social Security Number: _____ Date of Birth: _____

Race: _____ Sex: _____

Address: _____ Day Phone: (_____) _____

City: _____ Fax No. (_____) _____

State: _____ Zip Code: _____

E-Mail Address: _____

I hereby affirm that all information provided under the Personnel Section of my organization's Bingo/Raffle Application is true to the best of my knowledge, information and belief. No false or misleading statements have been willfully made. I also agree that I will abide by all rules and regulations of the Virginia Department of Charitable Gaming in the operation and conduct of bingo game(s) and/or raffle(s) pursuant to the Code of Virginia, Chapter 8, Section 18.2-340.15, *et seq*.

NAME: (Print) _____ DATE: _____

SIGNATURE: _____

NOTARY PUBLIC

City/County: _____: Commonwealth of Virginia

That the above named person, _____, personally appeared before me this _____ day of _____, 200____.

Sworn and subscribed before this _____ day of _____, 200_____.

Seal: _____

Notary Public

My Commission Expires: _____

This form must be completed and included as part of the application process if used as a supplement. If this information is not provided, an organization is not eligible to conduct charitable gaming activities as defined by the Code of Virginia.