

Nonprofit Volunteer Background Check Request Form

Please complete this form to authorize the background check required for volunteering. Once filled out, print, sign, and return this form to the program coordinator.

1. Organization Information

Nonprofit Organization Name:

Program Coordinator Name:

2. Volunteer Personal Information

Full Legal Name (First, Middle, Last):

Other Names Used (Maiden, Alias, etc.):

Date of Birth (MM/DD/YYYY):

Social Security Number:

Driver's License Number and Issuing State:

Current Home Address:

City, State, and Zip Code:

Phone Number:

Email Address:

3. Authorization and Disclosure Statement

I hereby authorize the above-named nonprofit organization to conduct a background check, which may include criminal history record information, driving record history, and reference checks. I understand that this information will be used solely for the purpose of determining my eligibility to volunteer with the organization. I release the organization and any agency providing information from any liability regarding the collection and use of this information.

4. Acknowledgment and Signature

Volunteer Written Signature:

Date Signed: