

Volunteer Background Check Authorization Form

Please complete all sections below. This form must be printed, signed, and dated to authorize the background check required for volunteer placement.

Personal Information

First Name:

Middle Name:

Last Name:

Other Names / Maiden Names Used:

Date of Birth (MM/DD/YYYY):

Social Security Number:

Contact Information

Phone Number:

Email Address:

Address History

Current Street Address:

City:

State:

Zip Code:

Identification Details

Driver's License Number:

Driver's License Issuing State:

Authorization & Signature

By signing below, I hereby authorize the organization to conduct a background investigation. This investigation may include, but is not limited to, criminal history, motor vehicle records, and verification of volunteer history. I understand that this information will be kept confidential and used solely for the purpose of volunteer screening.

Volunteer Signature (Print and Sign):

Date signed (MM/DD/YYYY):