

Volunteer Fingerprint Authorization Consent Form

Please complete all sections of this form to authorize a fingerprint-based background check for volunteering purposes.

1. Volunteer Information

Full Name (First, Middle, Last):

Date of Birth (MM/DD/YYYY):

Social Security Number (or Government Issued ID):

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Requesting Organization Information

Organization Name:

Contact Person / Supervisor:

3. Authorization and Consent

I hereby authorize the Requesting Organization to conduct a fingerprint-based criminal history records check through the appropriate state and federal law enforcement agencies. I understand that my fingerprints will be used to check the criminal history records of the State and the Federal Bureau of Investigation (FBI).

I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge. I understand that volunteering is conditional upon the successful completion and review of this background check.

4. Acknowledgement and Signature

Volunteer Signature (Sign in printout):

Date Signed (MM/DD/YYYY):