

Volunteer Application and Background Screening Consent

Please complete this form to apply for a volunteer position and authorize a background screening. Since this form is for printing, please fill out all fields clearly.

Personal Information

First Name:

Middle Name (Full):

Last Name:

Other Names Used (e.g., Maiden Name):

Date of Birth (MM/DD/YYYY):

Social Security Number:

Phone Number:

Email Address:

Address History

Current Street Address:

City, State, Zip Code:

Previous Street Address (if less than 5 years at current):

Background Screening Disclosure and Authorization

By signing below, I hereby authorize the organization to conduct a criminal background check, sex offender registry search, and reference checks. I understand that this information will be used solely to determine my eligibility for a volunteer position. I release the organization and any reporting agency from any liability associated with the collection and reporting of this information.

I certify that all information provided on this application is true, correct, and complete to the best of my knowledge. I understand that any false statements or omissions may disqualify me from volunteer service.

Consent Signature

Applicant Signature (Sign upon printing):

Date (MM/DD/YYYY):