

Volunteer Background Check Authorization Form

Please complete all requested information below to authorize the organization to conduct a background check. This form is designed to be printed and filled out or completed digitally before printing.

1. Personal Information

Full Legal First Name:	<input type="text"/>
Middle Name (Full):	<input type="text"/>
Last Name:	<input type="text"/>
Other Names Used (Maiden, Alias):	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>
Social Security Number (XXX-XX-XXXX):	<input type="text"/>
Driver's License Number:	<input type="text"/>
Driver's License Issuing State:	<input type="text"/>

2. Contact Information

Current Street Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

3. Disclosure and Authorization Statement

By signing below, I hereby authorize the organization to conduct a background check to determine my eligibility to volunteer. I understand that this background check may include, but is not limited to, a review of criminal history records, sex offender registries, and driving records.

I certify that all information provided on this form is true, correct, and complete to the best of my knowledge. I understand that any false statements or omissions may result in the immediate disqualification of my volunteer application or termination of my volunteer service.

4. Acknowledgement and Signature

Volunteer Printed Name:	<input type="text"/>
Date (MM/DD/YYYY):	<input type="text"/>
Signature (If signing physically):	<input type="text"/>