

Volunteer Background Check Authorization Waiver

Please read this document carefully. It authorizes the organization to conduct a background check as part of your volunteer application process. After reading, please fill out the required information and sign below to authorize the investigation.

Waiver and Authorization Statement

I hereby authorize the organization and its designated agents to conduct a comprehensive background check to verify the information provided in my volunteer application. I understand that this background check may include, but is not limited to, a review of criminal records, sex offender registries, driving history, and prior volunteer or employment references.

I release the organization, its officers, employees, and any person or entity providing information from any and all liability, claims, or damages that may arise from conducting this background investigation or relying on the information obtained.

I certify that all information provided below is true, correct, and complete to the best of my knowledge.

Volunteer Information

Full Legal Name:	<input type="text"/>
Other Names Used (Maiden/Alias):	<input type="text"/>
Current Street Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>
Social Security Number:	<input type="text"/>
Driver's License Number & State:	<input type="text"/>

Authorization Signature

By signing below, I acknowledge that I have read, understood, and agree to the terms of this Background Check Authorization Waiver.

Volunteer Signature (Sign in print):	<input type="text"/>
Date:	<input type="text"/>