

Volunteer Criminal History Consent Form

Please complete this form to authorize a criminal history background check. This information is required to evaluate your eligibility for volunteer service and will be kept strictly confidential.

Volunteer Information

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

Contact Information

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"/>

Consent and Authorization

I hereby authorize the organization to conduct a criminal history background check. I understand that this inquiry may include information regarding my character, general reputation, personal characteristics, and mode of living.

I authorize any law enforcement agency, state or federal agency, military branch, or information service bureau to release any criminal history records concerning me to the organization.

By signing below, I certify that all information provided on this form is true, accurate, and complete. I understand that false or misleading information may result in the disqualification of my volunteer service.

Printed Full Name:	<input type="text"/>
Signature (Sign after printing):	<input type="text"/>
Date Signed (MM/DD/YYYY):	<input type="text"/>