

Volunteer Background Check Release Form

Please read the authorization and disclosure statement below, then complete the required fields to authorize a background check for volunteer services.

Authorization and Disclosure Statement

By signing below, I hereby authorize the organization to conduct a background investigation. This investigation may include, but is not limited to, criminal history records, sex offender registry checks, driving records, and verification of prior volunteer or employment history. I release the organization and all providers of information from any liability and responsibility for releasing this information.

Volunteer Information

First Name:

Middle Name:

Last Name:

Alias / Maiden / Other Names Used:

Date of Birth (MM/DD/YYYY):

Social Security Number:

Driver's License Number:

Issuing State:

Current Address

Street Address:

City:

State:

Zip Code:

Contact Information

Phone Number:

Email Address:

Consent and Signature

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

Volunteer Legal Signature (Print and Sign):

Date (MM/DD/YYYY):