

Volunteer Background Check Authorization Form

Please print and complete this form to authorize the organization to conduct a background check as part of your volunteer application process.

Personal Information

Full Legal Name (First, Middle, Last):

Other Names Used (Maiden, Aliases, Nicknames):

Date of Birth (MM/DD/YYYY):

Social Security Number:

Driver's License Number and State of Issue:

Current Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Authorization and Disclosure

By signing below, I hereby authorize the organization to conduct a background investigation, which may include criminal history record checks, verification of identity, and other background checks relevant to the volunteer position I am seeking. I understand that the information obtained will be kept confidential and used solely for the purpose of determining my eligibility to volunteer.

Signature and Date

I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge.

Handwritten Signature (Sign after printing):

Date (MM/DD/YYYY):