

# Caregiver Background Check Consent Document

## Caregiver Information

Full Name

Address

Date of Birth

Phone Number

Email

## Consent Statement

I hereby authorize and consent to the investigation of my background by the organization for the purpose of evaluating my suitability as a caregiver. I understand that this may include verification of information provided, reference checks, and background checks as permitted by applicable law.

Additional Information (if any)

Signature

Date