

Volunteer Background Check Permission Slip

Volunteer Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Address:

Consent & Authorization

I hereby authorize and give consent for the organization to conduct a background check as part of the volunteer selection process. I understand that this may include inquiries regarding my criminal history, as permitted by law.

Volunteer Signature

Date

If Volunteer is under 18 years old:

Parent/Guardian consent is required for applicants under 18 years of age.

Parent/Guardian Name

Parent/Guardian Signature

Date