

Volunteer Background Check Consent

I hereby authorize the organization to obtain my criminal background check and/or reference check as a condition of my volunteer participation.

Personal Information

Full Legal Name

Date of Birth

Current Address

City

State/Province

ZIP/Postal Code

Authorization & Consent

I certify that the information provided above is true and complete to the best of my knowledge. I understand that the results of this background check will be used solely for volunteer placement purposes.

Signature

Date