

Volunteer Background Check Authorization

Full Legal Name

Date of Birth

Social Security Number

Current Address

City

State

Zip Code

Phone Number

Email Address

Previous Address (if at current less than 3 years)

Have you ever been convicted of a felony?

If yes, please explain

Authorization

I hereby authorize the organization to conduct a background check as part of my volunteer application. I certify the information provided is true and accurate.

Signature

Date