

Background Check Authorization

I hereby authorize [Nonprofit Organization Name] to obtain and review my background information for volunteer or employment purposes. This may include a criminal history check, reference checks, and other applicable screenings.

Personal Information

Full Name

Date of Birth

Social Security Number (Last 4 digits)

Current Address

Phone Number

Email Address

Authorization & Signature

By signing below, I authorize [Nonprofit Organization Name] to conduct background screenings relevant to my application. I release all parties from liability for any damages that may result from furnishing such information.

Signature

Date