

Foster Care Volunteer Background Check Authorization

By completing and signing this form, you authorize [Nonprofit Name] to obtain a background check as required for volunteering with foster youth.

Full Name

Date of Birth

Social Security Number

Driver's License Number

State of Issue

Current Address

City

State

ZIP Code

Phone Number

Email Address

Authorization & Signature

I hereby authorize [Nonprofit Name] and its agents to conduct a background check using the information provided above.

Signature

Date