

# Volunteer Background Check Consent

As part of the process to become a fundraising volunteer with our nonprofit organization, we are required to conduct a background check for the safety and security of those we serve. Please complete the information below and provide your consent for the background screening.

## Volunteer Information

Full Name

Current Address

City

State

Zip Code

Phone Number

Email Address

Date of Birth

Social Security Number (last 4 digits)

## Consent and Authorization

I hereby authorize [Nonprofit Organization Name] to conduct a background check, which may include criminal history, references, and other relevant reports as permitted by law. I understand that the results of this check will be kept confidential and used solely for volunteer screening purposes. By signing below, I acknowledge that all the information provided is accurate and complete to the best of my knowledge.

Signature

Date