

Volunteer Background Check Consent Form

Thank you for your interest in volunteering with our organization. To help ensure the safety of those we serve, we require all volunteers to consent to a background check.

Volunteer Information

Full Name

Address

Phone Number

Email Address

Date of Birth

Consent and Authorization

I hereby authorize [Organization Name] to conduct a criminal background check as part of my application to volunteer. I understand that any information obtained will be kept confidential and used only for volunteer screening purposes. I certify that the information provided above is true and complete to the best of my knowledge.

Signature

Date