

Volunteer Background Consent/Release Form

Thank you for your interest in volunteering with our community!

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name/Any other names previously used: _____

Date of Birth: ___/___/_____

Present Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

How long have you been at this address? _____

If less than three years, previous address: _____

I am the person named above and the information above is truthful. My signature on this form grants my community permission to run a criminal background check on me. I understand that certain findings will restrict my ability to volunteer in some positions.

Signature

Date