

Angel Reach

Volunteer Background Check Authorization Form

Carefully Read Each Statement Before Signing At The Bottom

I affirm that all of the information provided above in this volunteer application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application including a criminal background check. I understand that any false or incomplete information may disqualify me from volunteering if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, educational institution, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making decision. I release such persons and organizations from any legal liability in making such statements.

This information is provided solely for the purpose of conducting a background check.

Last name: _____

First Name: _____

Middle Name: _____

Street Address: _____

City: _____

State: _____

Zip code: _____

Social Security: _____

Driver's License Number: _____

State: _____

Date of Birth: (mm/dd/yyyy) _____

Race: _____

Gender: _____

Other or Former Name: _____

I have read and understand the above statements.
I affirm the above statements to be true.

Signature: _____

Date: _____