## Angel Reach Volunteer Background Check Authorization Form CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I affirm that all of the information provided 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 further consideration for volunteer work.

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 a volunteer position 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 Addr	ess:		City:	State:
Zip Code:	Social Security Number	: Driver's License	State: D	river's License No.:
	h: (mm/dd/yyyy) R rmer Names:	ace:	Gen O M	_
	I have read an	nd understand the abov	ve statements.	
	I affirm t	he above statements to	be true.	
gnature:		Da	te:	