



Volunteer Background Check Authorization Form

I authorize _____ and Trusted Employees, to conduct a criminal background investigation as part of its volunteer screening and/or selection process. This information in part or in whole will be provided to the school in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to organizations, federal, state, or county level agencies, insurance sources, driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that following my volunteer term should any statements or answers be found to be false or information has been omitted, such false statements or omissions will be just cause for termination of my volunteer term.

I further acknowledge that the facsimile (FAX) or photocopy of the document shall be valid and accepted with the same authority as the original. If retained by the above referenced organization this authorization will remain in effect throughout my volunteer term.

Date: _____ Signature: _____

SSN: _____ Printed Name: _____

DOB: _____

The following authorization is required for volunteers who may be requested to operate a motor vehicle on the school's behalf:

_____ I authorize an investigation into my driving history with the Department of Motor Vehicle.

Note: The following information will be used as identification purposes only in obtaining information to perform the background investigation.

Street Address City State Zip Code
List any other cities and states in which you have lived during the previous 7 years:

List any other Last Names you have used during the previous 7 years:

If a Department of Motor Vehicle Checks is to be complete please provide:

Driver's License Number State of License Expires On Telephone

