



## Background Check Release Form

I, (Print name of applicant), give permission for (Agency name) to perform a check of my background to include:

(Have applicant initial next to each category they are giving permission for)

- |   |   |
|---|---|
| <input type="checkbox"/> Criminal record              | <input type="checkbox"/> Driving record     |
| <input type="checkbox"/> Past employment/volunteerism |   |
| <input type="checkbox"/> Finances                     | <input type="checkbox"/> Education          |
| <input type="checkbox"/> Personal references          | <input type="checkbox"/> Physical/physician |

I understand that I do not have to consent to this background check, however refusal to do so may exclude me from consideration for certain types of volunteer opportunities.

I understand that information collected during this background check will be limited to what's appropriate for the volunteer position that I'm being considered and all information during the check will be kept confidential.

Additionally I extend permission to those individuals or agencies contacted for the purpose of this background check to give their honest evaluation of my suitability for the described volunteer work and other information as deemed appropriate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_