





## National Background Screening Consent Form

Applicant's **Legal** Name (printed)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

Local & National Criminal background records/information  
All 50 State Sex Offender Registries  
Full Address Trace  
Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name:

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

Signature: \_\_\_\_\_