



BACKGROUND CHECK APPLICATION

APPLICANT INFORMATION:

1. Name: _____ Date: _____
Last First Middle
2. Address: _____
City State Zip Code
3. Telephone: _____ Alternate Telephone: _____
4. E-Mail Address: _____

PERSONAL INFORMATION:

1. Valid driver's license number & state: State _____ Number: _____
2. SSN: _____ Date of Birth: _____
3. In Case of Emergency Notify: _____ Telephone: _____
4. Name of Nearest Relative: _____ Telephone: _____

APPLICANT STATEMENT: (Read and Sign Below)

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Print Name

Signature

/ _____
Date

Date Submitted: _____ Date Approved: _____