



BACKGROUND CHECK AUTHORIZATION FORM VOLUNTEERS

First Name Middle Name Last Name

Other Name(s) Used

Current Street Address City State Zip Code

Home Telephone Number Other Telephone Number Date of Birth (MM/DD/YYYY)

Driver's License Number State Issued Social Security Number

List every address you have lived in the past 5 years

Given the nature and responsibilities in a program concerning children, LIFE Center Durham reliable review of the volunteer applicant is perhaps the most essential.

I hereby authorize First Advantage on behalf of LIFE Center Durham to conduct a background check, which may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied.

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

LIFE is not obligated to appoint me to a volunteer position. I understand that any false information provided by me will be basis for disqualification from consideration for volunteer service with LIFE.

Applicant Signature: _____ Date: _____