

Date Submitted: _____

Date Received: _____

Department: _____

Supervisor: _____

Volunteer Position: _____



For Office Use Only.

VALLEY SENIOR SERVICES VOLUNTEER BACKGROUND CHECK FORM

In connection with my application for volunteering with you, I understand that investigative background inquiries are to be made on myself. These reports will include information as to my character, work habits, performance and experience. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving record, credit information, criminal history, civil history and other experiences, as well as claims involving me in the files of insurance companies and worker’s compensation claims.

First: _____ M.I. _____ Last: _____

Maiden, alias, or former names: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____/_____/_____

Drivers License Number: _____ State of Issuance: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Number of years lived at Current Address: _____

Previous Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Number of years lived at Previous Address: _____

“I authorize, without any reservation, any party or agency contacted by Valley Senior Services/Fargo Park District, or their representative, to furnish the aforementioned information. With regard to the following disclosures, I hereby agree to release any person, company, governmental agency or other entity from any and all causes of action that otherwise might arise from supplying Valley Senior Services/Fargo Park District with information it may request pursuant to this Background Check Form. I understand that any false answers or statements, or misrepresentations by omission, made by me on my volunteer application, this release or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am volunteering.”

If desired, please explain any criminal records that will be found during our background check:

The expiration of this authorization shall be one year from the date of my signature:

Signature of Volunteer: _____ Date: _____