



The City Mission Volunteer Background Check Release

I voluntarily and knowingly authorize The City Mission (TCM), or its authorized agents, for volunteer purposes only, to obtain or prepare a criminal background report on me. I understand that if TCM engages my services, I also voluntarily and knowingly authorize TCM to prepare and obtain reports throughout my time as a volunteer. I understand that reports will include information about any criminal history at county, state, federal and national levels. I understand that upon written request to TCM, I will be informed whether a report was requested and given information as to the nature and scope of the report.

I hereby authorize and request any governmental agency or other individuals and sources to furnish any and all information relating to me that is requested by The City Mission and/or Employment Screening Associates (ESA).

A photocopy of this authorization shall have the same force and effect as the original. I agree to assist and cooperate with TCM's investigation of my background, including providing any necessary documents requested by TCM.

Please provide all requested information and provide addresses for the last seven- (7) years

Applicant's Name: FIRST MIDDLE LAST Maiden or Other Name(s)

Current Address - Street, City, State, Zip How Long

Previous Address - City, State, Zip How Long

Previous Address - City, State, Zip How Long

Date of Birth (for confirmation of ID only) Email Address

Drivers License Number State Name - exactly as it appears on Driver's License

Signature Date