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BACKGROUND CHECK AUTHORIZATION FORM

Applicant Information

Full Legal Name: _____

Other Names Used (maiden, aliases): _____

Date of Birth: ____ / ____ / ____

Social Security Number: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Driver's License Number: _____

State Issued: _____

Must provide copy of Driver's License or Photo ID

Purpose of Background Check

The above non-profit organization ("Organization") conducts background checks for the purpose of ensuring the safety of its beneficiaries, volunteers, staff, and community. This background check may be required for:

- ☐ Employment
 - ☐ Volunteer service
 - ☐ Board membership
 - ☐ Program participation
 - ☐ Other: _____
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Type of Screening Authorized

I authorize the Organization and its authorized agents to conduct a background check that may include:

- Criminal history records (local, state, federal, and national databases)
 - Sex offender registry checks
 - Identity verification
 - Address history
 - Driving records
 - Employment or volunteer history verification
 - Reference checks
 - Other screenings as permitted by law: _____
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Authorization and Consent

I hereby authorize the Organization to obtain my background check information for the purpose stated above. I understand and agree that:

1. This authorization is voluntary, but incomplete information may disqualify me from involvement with the Organization.
 2. The Organization may share results only with individuals who have a legitimate need to know.
 3. I may request a copy of the background check report and am entitled to dispute inaccurate or incomplete information.
 4. This authorization shall remain valid throughout my involvement with the Organization unless revoked in writing.
 5. Background checks will be conducted in accordance with the Fair Credit Reporting Act (FCRA) and applicable state laws (if the check is performed through a consumer reporting agency).
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Applicant Certification

I certify that all information provided on this form is true and complete to the best of my knowledge. I understand that falsification or omission may result in denial or termination of my involvement with the Organization.

Applicant Signature: _____

Printed Name: _____

Date: ____ / ____ / ____

For Parental/Guardian Consent (if applicant is under 18)

I am the parent/legal guardian of the minor applicant listed above and authorize this background check as described.

Parent/Guardian Name: _____

Signature: _____

Date: ____ / ____ / ____

For Organization Use Only

Screening Requested By: _____

Position/Program: _____

Date Sent for Screening: ____ / ____ / ____

Approved: ☐ Yes ☐ No

Reviewer Signature: _____