



Volunteer Background Information Form

I understand the information requested on this form is for the sole purpose of conducting a background search and should be completed only by a candidate who has been offered a volunteer position with Fairfield Glade Resident Services. In giving this consent, I understand that driving records, criminal records, court records, and sex offender records, may be requested. I have the right to make a written request within a reasonable time to received information about the scope and nature of the search. I understand the information below regarding sex, and date of birth is requested for the sole purpose of gathering information accurately, and will not be used to discriminate in violation of the law. A scanned or photographic copy of this authorization shall be as valid as the original.

Volunteer's Signature:

Date: _____



Volunteer Background Information

| | | |
|---|----------------------------|-------------------------|
| Last Name: | First Name: | Middle Name: |
| | | |
| | Date of Birth: | Sex: |
| | | |
| Current Address: | | |
| Street: | City: | State & ZIP: |
| | | |
| County: | Years in Residence: | Phone Number: |
| | | |
| Previous Address: | | |
| Street: | City: | State & ZIP: |
| | | |
| County: | Years in Residence: | Phone Number: |
| | | |
| Driver's License Number: | State of Issue: | Date Issued: |
| | | |
| Please Print Your Name Exactly as It Appears on Your Driver's License: | | |