## Volunteer Background Check Authorization Form

I authorizeBYSBA and Trusted Employees, to conduct a criminal
background investigation as part of its volunteer screening and/or selection process. This
information in part or in whole will be provided to the school in the form of a report provided by
Trusted Employees.
I authorize and consent, without reservation to the retrieval of information that may include but
is not limited to organizations, federal, state, or county level agencies, insurance sources, driving
and criminal history.
I certify that all of the statements and answers set forth on the application form are true and
complete to the best of my knowledge. I understand that following my volunteer term should any
statements or answers be found to be false or information has been omitted, such false
statements or omissions will be just cause for termination of my volunteer term.
I further acknowledge that the facsimile (FAX) or photocopy of the document shall be valid and
accepted with the same authority as the original. If retained by the above referenced
organization this authorization will remain in effect throughout my volunteer term.
Date: Signature:
Jake Signature
SSN: Printed Name:
DOB:
The following authorization is required for volunteers who may be requested to operate a
motor vehicle on the school's behalf:
Lough and a continue long to the second distance of the Boundary of Market Web late.
I authorize an investigation into my driving history with the Department of Motor Vehicle.
Note: The following information will be used as identification purposes only in obtaining
information to perform the background investigation.
mornation to perform the buchground investigation.
Street Address City State Zip Code List any other cities and states in which you have lived
during the previous 7 years:
during the previous / years.
List any other Last Names you have used during the previous 7 years:
List any other Last Maines you have used during the previous 7 years:
If a Department of Motor Vehicle Checks is to be complete please provide:
Driver's License Number State of License Evpires On Telephone