



House 114
Volunteer & Worker Information & Authorization form

Full name: _____
Address: _____
SSN: _____
Birth date: _____ M or F
Place of Birth _____

By signing this consent form, I understand a criminal history and background check will be performed.

By signing, I am stating that I have not been convicted of any criminal activities. If not correct, please explain: _____

Signed: _____
Date: _____
