

BACKGROUND CHECK AUTHORIZATION FORM

Last Name	First	Middle
City, State, Zip		
Any other previous names		
Driver's License and State		
Social Security Number		

"I understand that I will only be able to volunteer at CPPC upon satisfactory completion of background checks, and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided by me"

Signature

Date