This is an authorization to conduct a background check and is mandatory for all volunteers over 18.

Youth volunteers must be accompanied by a parent or parent-designated adult, who must also submit

a background check form.

New Hope Resource Center Volunteer

Information & Background Check Authorization

Last Name: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name/M.I.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone  :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Driver License/State ID #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (required)  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Other Information:

Please respond by circling ‘YES’ or ‘NO’

I have been convicted of a crime against a person.                                                               YES                 NO

I have been convicted of a crime relating to substance abuse.                                           YES                 NO

I have been convicted of a crime against property.                                                               YES                 NO

I understand that any untruthful, purposefully misleading, or omitted information may result in my immediate disqualification as a volunteer in NHRC.  I authorize Freezing Nights to obtain background information including but not limited to convictions, licensing, child and adult protective services, and professional licensing records, from law enforcement, and state and federal agencies including other states and the FBI, for the sole purpose of volunteering for NHRC.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
               (Signature of person authorizing background check)

Other information

Days, times available:

Home church or affiliation:

Are you willing to attend NHRC volunteer training?                                                    YES                 NO

Are you willing to drive guests in a church van or small bus?                                     YES                 NO

Any additional information that would benefit this program?