



***Disclosure Authorization
for Volunteers***

Date: _____

In connection with your appointment as a volunteer to the Child Advocacy Center, we may obtain a Felony and Misdemeanor background check on you as part of the process of your selection as a volunteer. If you would like a copy of the investigative report prepared about you, it will be made available upon your written request.

By signing below, I hereby authorize the Child Advocacy Center to obtain a Felony and Misdemeanor investigative report about me as a part of the Child Advocacy Center Volunteer appointment process.

Name _____
(Please print full name)

Other Names Used (last seven years): _____

Social Security Number: ____ - ____ - ____ **Date of Birth** _____

Current Address: _____ **Yrs.** _____ **Mos.** _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Previous Address: _____ **Yrs.** _____ **Mos.** _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Previous Address: _____ **Yrs.** _____ **Mos.** _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Signature: _____