

Empowering people with disabilities to live life their way

BACKGROUND CHECKAUTHORIZATION FOR VOLUNTEERS

By signing below, the undersigned hereby authorizes InReach to obtain any and all information that pertains to my eligibility to provide volunteer support to any individual served by InReach. This information will include, but is not limited to, credit history, driving history, previous employment records, criminal records, social security verification, educational history, military records and drug test. I also understand that the information regarding sex, race and date of birth is requested for the sole purpose of accurately accessing the above information and will not be used to discriminate against me in violation of any law.

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

Name:			
First	Middle	La	st
Address:			
Street	City		Zip
Please list all other name	es used:		
Social Security Number:		Date of Birth:_	
Sex: Race:	Drivers License Num	ber:	State issued:
I state that the information	on above is accurate to	the best of my kno	owledge.
Signed:	Date:		