

**AUTHORIZATION FOR BACKGROUND CHECK – CHILDREN’S THEATRE**

I acknowledge and certify that a designee of the Four Rivers Cultural Center & Museum may conduct a background check to ensure that I have no criminal history or there is nothing in my history that would give parents pause to have me working with their children as a community volunteer.

I, too, want to make sure all children in the Children’s Community Theatre program are surrounded by caring adults who want to keep them safe and secure. I therefore authorize, without reservation, the obtaining of background check reports by Four Rivers Cultural Center & Museum at any time after receipt of this authorization, throughout my volunteer service to the extent permitted by law.

I understand and acknowledge that such reports and/or investigations may include information about my character, general reputation, or personal characteristics. I acknowledge that these reports may contain information regarding my driving records as well. I further authorize any law enforcement agency, federal, state or local agency, department of motor vehicles, information service bureau, or insurance company to furnish all background information requested by a designee of Four Rivers Cultural Center & Museum.

By signing my name below, I understand that I have authorized the background check as described above, and I certify that:

- The information provided below is accurate and complete to the best of my knowledge. I understand the information provided below will be used to evaluate my volunteer qualifications and that any false statements or omissions may be cause for denial; and
- I agree that a facsimile, electronic, or photocopy of this authorization may be accepted with the same authority as the original.

Printed Name of Applicant: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Today’s Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PLEASE COMPLETE LINES BELOW - PLEASE PRINT NEATLY -**

FIRST NAME: \_\_\_\_\_ FULL MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
ALIAS / MARRIED LAST NAMES: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

List your addresses for the last seven (7) years. Please PRINT clearly.

CURRENT ADDRESS: \_\_\_\_\_ CITY STATE ZIP COUNTY FROM / TO

FORMER ADDRESS: \_\_\_\_\_ CITY STATE ZIP COUNTY FROM / TO

FORMER ADDRESS: \_\_\_\_\_ CITY STATE ZIP COUNTY FROM / TO

FORMER ADDRESS: \_\_\_\_\_ CITY STATE ZIP COUNTY FROM / TO

FELONY OR MISDEMEANORS: YES  NO  PLEASE DESCRIBE: 1. \_\_\_\_\_

All arrests, charges, convictions and non-convictions need to be listed here. Please list location (county and state) and date of arrest or charge. Please do not omit any information and *print* clearly.

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_