

Volunteer Screening Authorization
Northwest Housing Alternatives

Full Name of Applicant: _____

Last

First

Middle

Other Names Used (including maiden name): _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Driver's License/Identification Card #: _____ State: _____

Current Address: _____

Street

City

State

Zip

Background Screening Agreement

I understand the volunteer position for which I am applying may require a background check. I provide the following information for that purpose.

Previous Addresses covering the past seven years:

Permission to Verify Documents

I give NHA permission to verify the credentials that I have presented, such as driver's license, DMV record and/or medical licenses.

I do not give NHA permission to verify my credentials and understand that this decision may affect my options for volunteer placement.

Applicant Signature

Date

If volunteer is under 18 years of age, a parent or other designated adult must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Signature of Designated Adult

Date

Printed Name of Designated Adult