



Faith in Action of McHenry County
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Crystal Lake, IL 60014

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BACKGROUND CHECK

Name (printed) First _____ M.I. _____ Last _____

Social Security # _____ Birth Date _____

Current Address _____ City _____ Zip _____

Phone # _____

Have you lived at your current address for the past four years? Yes No

If no, please list prior addresses to facilitate our required checks.

Address _____ Dates _____

Address _____ Dates _____

I understand that I am required to participate in an orientation session before becoming an active FIAMC volunteer. Additional training sessions will be offered.

I certify that the facts set forth above are true and complete to the best of my knowledge. My signature on this form is my acknowledgement that I will respect the trust of the person(s) served and will maintain confidentiality. My signature also authorizes Faith in Action of McHenry County to contact employers and references listed on the application.

I hereby allow Faith in Action of McHenry County to perform a check of my background, including:

- | | |
|-----------------------------|-------------------------|
| Criminal Record | Driving Record |
| Personal References | Past Employment History |
| Other Volunteer Experiences | |

As appropriate for the volunteer jobs in which I have expressed an interest. I understand that I do not have to agree to this background check, but that refusal to do so will exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

Signed _____ Date _____