



VOLUNTEER SERVICES RECORD CHECK

I, _____, hereby grant permission
Print Full name: First Middle Last (Maiden, if applicable)

to the Department of Health to obtain information from local and state law enforcement agencies to help determine my suitability to serve as a Department of Health volunteer.

I understand that if the records check shows any violations committed or other information about my background that would indicate unsuitability or risk, I may not be accepted into the Department of Health Volunteer Program.

Social Security Number

Date of Birth

Race/Sex

Complete Address

City

State

Zip

Printed Name

Signature

Date