



DOW BAY AREA FAMILY YMCA VOLUNTEER BACKGROUND CHECK AUTHORIZATION

THIS SECTION TO BE COMPLETED BY VOLUNTEER:

NAME: (first) _____ (middle) _____ (last) _____

Also Known As: (Aliases, Maiden Name, Previous Married Name) _____

ADDRESS: (House # & Street) _____

(City, State, Zip code) _____

EMAIL: _____

DATE OF BIRTH: _____

TELEPHONE #: (____) _____ - _____

CHECK ALL THAT APPLY:

SEX: Female _____
Male _____

RACE: Black _____
Hispanic _____
White _____
Asian _____

American Indian _____
Other _____

MARITAL STATUS: Single _____
Married _____
Divorced, Widowed, Head of household _____

Please read the following and sign below:

- I am aware that the Michigan State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the National Sex Offender Registry will be checked for information regarding any convictions.
- I am aware that the Michigan Department of Social Services Central Registry may be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on this form is, to the best of my ability, true and correct.
- I give my consent to verify all items above.
- I will notify Human Resources of any future convictions or criminal status change.
- I am aware that Human Resources reserves the right to rerun background checks annually and upon conviction or criminal status change.

VOLUNTEER SIGNATURE _____ DATE _____