

Multicultural Alliance
Volunteer Background Investigation Release Form

In order to provide a secure environment for those to whom we provide services, our staff and volunteers, and our community, Multicultural Alliance routinely procures background investigations on volunteers. Please understand that this policy helps us ensure that our services are delivered in a professional and safe manner.

By signing below, you grant permission to Multicultural Alliance to obtain such a report now or at any point in the future in connection with your volunteer position. You also grant permission to all parties to release information regarding your character, previous or current military service, or criminal or civil litigation matters to Multicultural Alliance or to Imperative Information Group, Inc., including information that may be deemed negative.

Signature

Date

Identity Information

First Name:

Middle Name:

Last Name:

Other Names Used:

(maiden names or aliases)

Social Security Number:

 - -

Date of Birth:

Month:

Day:

Year:

Current Home Address:

City:

State:

ZIP:

Drivers License State:

Number:

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State:

City: OR County: State: