

Volunteer Profile

(Background Check)

Thank you for your interest in volunteering!

This form is used to gather general information and to obtain authorization to run your **background check**. **ALL** information below is required. **Please print legibly**.

		/Job Coach us	e only			
Area/Sport/Eve	nt Name:					
Volunteer Schedule/Event Date 8	k Time(s):					
Job Coach/So	pervisor:					
Group/Company (if ap	plicable):					
First Name	MI	Last Nan	ne			
Email Address				_ Male	Female	
Date of Birth (MM/DD/YYYY)						
Address		City	ST	Zip Co	ode	
Phone: Work#	#Home #		Cell	Cell #		
Emergency Contact Name			Contact Phone #			
Relationship		_				
Please check one:						
Hispanic or Latino White	_ Black or Afri	ican American	Native Hawaiia	n or Pacific	Islander	
Asian Native American or Ala	ska Native	_ Two or Mor	e Races			
My signature below authorizes a b	ackground che	ck to be comp	leted by the City of El	gin.		
			Date	 Date		
Signature of parent or guardian if volunteer is under 18			Relationship to V	olunteer	Date	
			Staff use only	Staff use only		
S	canned and filed e	electronically				
S	ent for Backgroun	d Check				
В	ackground Check (Cleared				
E	ntered in Volunte	erUP/background	check clear date entered			