



Volunteers of America®
Delaware Valley

Permission to Perform Background Check

I hereby allow Volunteers of America Delaware Valley to perform a check on my background, including:

- Criminal Record
- Past Employment History
- Personal References
- Past Volunteer Experience

Date of Birth: _____ Social Security #: _____

as appropriate for the volunteer position in which I express an interest.

I understand that I do not have to agree to this background check, but that refusal will exclude me from consideration as a Volunteers of America Delaware Valley volunteer.

This information is of a confidential nature, and as such will not be shared with other personnel except for those involved in this specific volunteer position. All information collected will be kept confidential.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____