

CONFIDENTIAL



Background Check Authorization

The Court House Players is committed to providing quality theatre and enrichment opportunities to our community. To ensure the safety of our children and families, we ask that you complete and sign the following. We understand that this is sensitive, personal information and we will take every precaution possible to ensure its confidentiality.

Printed Name _____
(Last) (First) (Middle)

Former Names (and dates used) _____

Current Address _____
(Dates There) (Street) (City) (State) (Zip)

Previous Address _____
(Dates There) (Street) (City) (State) (Zip)

Previous Address _____
(Dates There) (Street) (City) (State) (Zip)

Social Security # _____ Date of Birth _____

Telephone Number(s) _____

Driver's License #/State (please provide a picture or copy) _____

Do you have a background check from another organization you would like to share (and a link, if available)?

Have you ever been convicted of a crime against children or other sex crimes? _____

-----PLEASE READ AND SIGN BELOW THE STATEMENT ON PAGE 2-----

The information in this application is correct, to the best of my knowledge. I hereby authorize The Court House Players (hereafter known as CHP) and its designated agents to conduct a review of my background to be used for volunteer purposes, and allow agencies, including, but not limited to, law enforcement, to release my records to CHP. I release CHP, the Social Security Administration and any other agencies, both individually and collectively, from any damages, or future damages, that I or my heirs or assigns may experience as a result of signing this authorization. I understand that this information is for internal use only and will not be shared. I am also aware that my unwillingness to provide this information may mean I will be unable to volunteer for this organization.

Print Name _____ Date _____

Signature _____