



# BACKGROUND CHECK AUTHORIZATION

**Note: This form should be attached to Part I, Volunteer Application, Form 0250a.**

First Name		Middle Name	Last Name		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Residence Street Address			City	County	State    Zip Code
Residence Telephone No. (A/C)		Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN
<input type="checkbox"/> Am Indian/AK Native (Hispanic)	<input type="checkbox"/> Am Indian/AK Native (non-Hispanic)	<input type="checkbox"/> Asian/Oriental (Hispanic)	<input type="checkbox"/> Asian/Oriental (non-Hispanic)		
<input type="checkbox"/> Black (Hispanic)	<input type="checkbox"/> Black (non-Hispanic)	<input type="checkbox"/> Black-White (Hispanic)	<input type="checkbox"/> Black-White (non-Hispanic)		
<input type="checkbox"/> Other (Hispanic)	<input type="checkbox"/> Other (non-Hispanic)	<input type="checkbox"/> White (Hispanic)	<input type="checkbox"/> White (non-Hispanic)		
<input type="checkbox"/> Nat Hawaii/Pac is (Hispanic)	<input type="checkbox"/> Nat Hawaii/Pac is (non-Hispanic)	<input type="checkbox"/> Unable to Determine (or, none of the above)			
List other places you have resided (for a minimum of the past 5 years - continue on back as needed)					

## Volunteer Agreement

I understand that I am requesting volunteer placement requiring criminal history and Central Registry checks and authorize the department to conduct these checks.	
_____	_____
Signature of Volunteer	Date

## Return Results to:

Full Name	Contact Phone	MAIL CODE
<b>Brenda Jones</b>	<b>512-834-3851</b>	
Program (APS, CPS, CCL), Unit and Location		
CPS		
PLEASE NOTE: Failure to complete each of these fields could delay the return of your volunteer's background check results.		