

Background Check Release Form

Please print in blue or black ink.

Name _____
(first) (middle) (last)

Previous name(s) and dates used _____

Date of birth _____

Social Security Number _____

Current Address _____
(street number) (city, state, zip)

Previous addresses and dates used

1. _____
2. _____

Telephone Number _____

I hereby authorize the New Glarus Public Library and its designated employees to conduct a comprehensive background check for volunteer purposes. I understand that the background check will include, but is not limited to, criminal history records. I understand that this information may be used to determine my eligibility to volunteer at the New Glarus Public Library.

The New Glarus Public Library will maintain these records in a confidential manner in order to protect your privacy and personal information.

Signature _____ Date _____