Criminal History Background Check Release Form

Volunteers and Interns

Name

Address \_

Length of time at this address

If less than three years, previous address

Date of Birth

I am the person named above; the information above is truthful. My

signature on this form grants AAADSW permission to run a criminal background check on me. I understand that certain findings will restrict my ability to work/volunteer/intern in some positions.

Signature

Date