

Caring Neighbors, Inc.

Background Check for all Volunteers

PERSONAL INFORMATION FOR BACKGROUND CHECKS

To be submitted by all Volunteers and Board Members.

REQUIRED FOR ALL CNI VOLUNTEERS

The information furnished on this form is solely for the purpose of performing background investigations. No copies of this portion with personal information will be made or kept.

Full Name: _____
Last First Middle

Any other names used in the past: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Volunteer Drivers please provide the following information:

PERMISSION TO CHECK MOTOR VEHICLE RECORDS

I, _____, hereby grant permission to a representative of Caring Neighbors, Inc. to perform an investigation of my driving records in the jurisdiction that issued my current drivers license. That jurisdiction is: _____. I understand that personal identifying information on the lower half of this page will not be retained by Caring Neighbors, Inc. or any of its agents or representatives after the background investigation is performed. However, I further understand that the top half of this page, containing my permission to perform an investigation into my driving record will be retained for five years and will be furnished to proper authorities in the jurisdiction that issued my license upon request.

PERMISSION GRANTED:

Signature Date

Print Name Home Address

Drivers License Number _____ State of Issue _____

Auto Insurance _____ Policy # _____

A copy of your Auto Insurance Liability is required when you submit this for along with a copy of your driver's license. Mail all forms to CNI c/o Rose Hill POA, 1 Rose Hill Way, Bluffton, SC 29910