Consent for Background Check

Full Legal Name: _____
(First, Middle, Last)

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YY): _____

Social Security Number: _____

Email Address: _____

My signature below authorizes Canines for Service, Inc. to obtain background information. I understand that any information obtained by Canines for Service, Inc. is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing volunteer eligibility.

I, _____, give my permission to Canines for Service to initiate a background check on my past and present activities.

Signature: _____ Date: _____