



# BACKGROUND CHECK AUTHORIZATION

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

**NOTE: Failure to complete each field could delay or prevent the return of your volunteer's background check results.**

<b>PLEASE PRINT:</b> First Name		Middle Name	Last Name	# of yrs as TX resident	
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	DL Number/State
List all other Texas residences in the past 5 years (street address and city - continue on back as needed). If no other addresses, please note.					
Race (check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pac Island <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine (or, none of the above)			Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		

## 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 (FOR DFPS USE ONLY):

Full Name	Contact Phone	MAIL CODE
Gay Mobley	432-686-2246	235-7
Program (APS, CPS, CCL), Unit and Location		
CPS, 901 W. Wall, Midland, TX		
Check box to indicate applicant's involvement:		
<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> INTERN (non-paid)	<input type="checkbox"/> PCG <input type="checkbox"/> BOARDMBR