The Next Move Re-entry Program Application for Volunteers

Authorization for Background Check

Please read and sign this form in the space provided below. You completion of the application process.	ur written authorization is necessary for
I,, hereby authorize Thinvestigate my background and qualifications for purposes	s of evaluating whether I am qualified for
the volunteer position for which I am applying. I understand will utilize an outside firm or firms to assist in checking such such an investigation by information services and outside en understand that I may withhold my permission and that in adone, and my application will not be processed further.	h information, and I specifically authorize tities of the company's choice. I also
Signature of Volunteer's/Candidate's Name	Date
Printed-Volunteer's/Candidate's Name / Date of I	Birth

The Next Move Re-entry Program Volunteer Application

Contact Information				
Name:				
Street Address:				
City, State & ZIP Code:				
Home Phone:				
Work Phone:				
Cell Phone:				
Email:				
Social Media Handles				
Facebook.com@				
Instagram.com@				
Twitter.com@				
Availability to volunteer for assignments				
:to:Monday	:	to	:	Tuesday
:to:Wednesday	:	to	:	Thursday
:to:Friday	:	to	_:	Saturday

Interests

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