Hearts & Hands Helping Seniors
428 Main Street
PO Box 854
Latrobe, PA 15650
724-539-4357

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby give my permission to Hearts & Hands Helping Seniors to perform a check of my background Including:

- **Criminal Record**
- **Personal References**
- **Driving History**
- **Past Employment History**
- **Other Volunteer Experiences**

I understand that I do not have to agree to this background check, however refusal to do so will exclude me from consideration of certain types of volunteer work.

I understand that the information collected during this background check will be limited to what is appropriate to determine my eligibility for volunteer work and that all information collected will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give to give their full and honest evaluation of my suitability of the described volunteer work and such other information, as deemed appropriate.

Previous Addresses

_____
_____
_____

Any other names previously used (such as maiden name, previous surnames, nicknames)

_____
_____
_____

Social Security_____Birth Date:_____

Drivers License #_____State_____Exp_____
****Please make sure to include a photo copy of your license with your application.****

Signed:_____Date:_____