Background Check ● Release

As a short-term volunteer with HealthCare Ministries, I authorize my permission for HealthCare Ministries to run a background check by signing and providing the pertinent information below.

Signature _____ **Date** _____

Print Name Legibly _____

Current Physical Address (No P.O. Boxes please)

_____

Address

_____ _____ _____

City *State* *Zip*

Previous Physical Address

_____

Address

_____ _____ _____

City *State* *Zip*

Date of Birth __ __/__ __/__ __ **Social Security Number** __ __ __-__ __-__ __ __ __

Month Day Year

A background check will be required every two years while traveling with HealthCare Ministries. You will be notified by the Logistics Department at the appropriate time. There will be a $6.95 charge added to your trip expenses each time a background check is required.

For office use only: Official Background Report Received ___/___/___