

**YMCA of Northwest North Carolina  
SECURITY CHECK AUTHORIZATION (VOLUNTEER)**

DATE: \_\_\_\_\_ BRANCH: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME OF VOLUNTEER: \_\_\_\_\_

**SEX:**  M  F      **RACE:**  White  Black  Hispanic  Native Am.  Asian  Other \_\_\_\_\_

Starting with PRESENT ADDRESS, list all previous addresses and name(s) used at the address if different than above. Do not use P. O. Boxes.

ADDRESS: \_\_\_\_\_  
(Street) (City, State & Zip) (From/To) (Name)

ADDRESS: \_\_\_\_\_  
(Street) (City, State & Zip) (From/To) (Name)

ADDRESS: \_\_\_\_\_  
(Street) (City, State & Zip) (From/To) (Name)

ADDRESS: \_\_\_\_\_  
(Street) (City, State & Zip) (From/To) (Name)

ADDRESS: \_\_\_\_\_  
(Street) (City, State & Zip) (From/To) (Name)

ADDRESS: \_\_\_\_\_  
(Street) (City, State & Zip) (From/To) (Name)

(If additional space is needed for address, please use a separate sheet of paper)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE INFORMATION: \_\_\_\_\_  
(State and License Number)

**DISCLOSURE AND AUTHORIZATION:** I understand that the YMCA may utilize the services of an outside agency to obtain a security checks report, including a check of my criminal history, motor vehicle record, and social security number verification as part of the procedure for processing my application for employment. I understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand that if I disagree with the accuracy of any information in the report, I must notify the YMCA within five days of my receipt of the report. If I notify the YMCA within five days of the receipt of the report that I am challenging information in the report, the YMCA will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report. Finally, I understand that my employment with the YMCA is conditional based on the results of a criminal record check and MVR Report and that the YMCA has sole discretion in making this decision. I acknowledge that I have been given a copy of the YMCA "Security Checks Policy" and understand that I must abide by those guidelines at all times while employed by the YMCA.

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(Date)

**(Volunteer - Do Not Write Beyond This Line)**

**(THIS FORM SHOULD BE FAXED TO HUMAN RESOURCES PRIOR TO ALLOWING APPLICANT TO VOLUNTEER)**

REQUEST MADE BY: \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print Name)