



Criminal History Background Check Release Form

Volunteers and Interns

Name _____

Address _____

Length of time at this address _____

If less than three years, previous address _____

Date of Birth _____

I am the person named above; the information above is truthful. My signature on this form grants AAADSW permission to run a criminal background check on me. I understand that certain findings will restrict my ability to work/volunteer/intern in some positions.

Signature

Date