



Personal Information for Background Check

Full Name: _____

Date of Birth: _____

Other Names Used (I.E. Maiden) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Other Address if at above for less than 5 years: _____

African/American _____ **Caucasian/Other** _____ **Hispanic/Latino** _____

Phone _____ **Email:** _____

I authorize the Michigan State Police, other Police Department or public agency, to use the above information to do a background check and to release any information concerning conviction, sex offender registration or unresolved felony charges whether local, or national. I further instruct that the results be forwarded to Community Caring Closet. I attest to the truth of the information provided herein.

A PHOTOCOPY OF THIS DOCUMENT MAY BE USED BY THE CARING CLOSET
IN PLACE OF THE ORIGINAL AS IF IT WERE THE ORIGINAL.

Signature of
Volunteer: _____ Date: _____