



Background Check Authorization

Date: _____

PERSONAL INFORMATION

Name _____
Last *First* *MI*

Home Address _____

City _____ State _____ Zip _____

Contact: Home _____ Work _____

Cell _____ Email _____

What is the best way to reach you? Email OR Phone: Cell Home Work

I authorize Senior Services of Albany to check references with former employers (unless otherwise indicated) as well as the personal and professional references I have listed. I also authorize Senior Services of Albany to check my personal information on the following sites: (1) Sex offender registry at the US Department of Justice National Sex Offenders Public Website (2) General Services Administration's Federal Excluded Party List System (3) Office of Foreign Assets Control Sanctions (Terrorist) List (4) New York State Department of Corrections and Community Supervision Inmate Population and (5) Federal Bureau of Prisons Inmate Search.

I AFFIRM THAT I HAVE REVIEWED THIS ENTIRE FORM AND ATTEST THAT ALL STATEMENTS MADE ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) ARE TRUE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR MAY RESULT IN MY IMMEDIATE DISMISSAL AS A VOLUNTEER.

Applicant's Signature _____ Date _____

Questions? Call 518-465-3322 or Email Kelly Casler at kcasler@SeniorServicesofalbany.com RETURN TO: SSA, Volunteer Services, 32 Essex Street, Albany, NY 12206 OR Fax to 518-465-6188