## FOUNDATION FOR YOUTH

## BACKGROUND CHECK CONSENT FORM

## DO NOT SUBMIT THIS FORM WITHOUT ALL INFORMATION COMPLETED. YOUR SOCIAL SECURITY NUMBER AND A COPY OF A PICTURE ID (i.e. DRIVER'S LICENSE) MUST BE INCLUDED. PRINT CLEARLY.

First	_ Full Middle Name	_Last

Address\*\_\_\_\_\_

Date of Birth Social Security Number

City				State			
*if you have	lived at the	given address fo	r less than 5	i years, fill	out the back c	of this form	with previous
City,	County,	State	for	the	last	5	years.

Check if employee will be driving a FFY vehicle (must include copy of driver's license)

I understand that Foundation For Youth (FFY) will make inquiry to ascertain information concerning my background and I give permission to do so. I also understand that, upon written request, information as to the nature and scope of the inquiry will be provided to me. I understand that if FFY hires me, or if I am a volunteer, my consent will apply throughout my employment or volunteer activities to the extent permitted by law and periodic checks may be initiated at any time. If, during the course of my employment or volunteer activities with FFY, I am charged with a crime (felony, misdemeanor, etc.) it is my duty to report this to my supervisor immediately.Foundation For Youth participates in E-Verify; this employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS) with information from each new employee's Form I-9 to confirm work authorization.

Signatu	re of Volunteer		Date			
Signatuı (If	re of Parent/Guardian under	18	Date years	of	Age)	
Name of Requestor		Employment or Volunteer		Athletics Department or Program		

(Please include any other Places you've lived in the past 5 years.)

Email (required for employment)

Dates: (month/yr)	From		То			
County		City		State		
Dates: (month/yr)	From		То			
County		City		State		
Dates: (month/yr)	From		То			
County		City		State		
Dates: (month/yr)	From		То			
County		City		State		
Dates: (month/yr)	From		То			
County		City		State		
Dates: (month/yr)	From		] To			
County		City		State		
Dates: (month/yr)	From		] To			
County		City		State		
Dates: (month/yr)	From		То			
County		City		State		
Office Use Only						
Date Searched (Initials/Da	ate)	Preliminary Results				
Results Reviewed (Initials/Date) Summary of Results and action taken						
Sites Checked: Vert First Advantage (SS verification, County, National Background) MyCase.IN.Gov (state public records) NSOPW (national sex offender public website) exclusions.oig.hhs.gov (Health & Human Services)						