



BACKGROUND CHECK AUTHORIZATION

Note: This form should be attached to Volunteer Application, if applicable.

First Name		Middle Name	Last Name		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Residence Street Address			City	County	State Zip Code
Residence Telephone No. (A/C)	Date of Birth		Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN
<input type="checkbox"/> Am Indian/AK Native (Hispanic)	<input type="checkbox"/> Am Indian/AK Native (non-Hispanic)	<input type="checkbox"/> Asian/Oriental (Hispanic)	<input type="checkbox"/> Asian/Oriental (non-Hispanic)		
<input type="checkbox"/> Black (Hispanic)	<input type="checkbox"/> Black (non-Hispanic)	<input type="checkbox"/> Black-White (Hispanic)	<input type="checkbox"/> Black-White (non-Hispanic)		
<input type="checkbox"/> Other (Hispanic)	<input type="checkbox"/> Other (non-Hispanic)	<input type="checkbox"/> White (Hispanic)	<input type="checkbox"/> White (non-Hispanic)		
<input type="checkbox"/> Nat Hawaii/Pac is (Hispanic)	<input type="checkbox"/> Nat Hawaii/Pac is (non-Hispanic)	<input type="checkbox"/> Unable to Determine (or, none of the above)			
List other places you have resided (for a minimum of the past 5 years - continue on back as needed)					

Volunteer Agreement

<p>I understand that I am requesting volunteer placement requiring criminal history and Central Registry checks and authorize the East Texas Heart Gallery to conduct these checks.</p>	
<p>_____</p> <p>Signature of Volunteer</p>	<p>_____</p> <p>Date</p>