



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## AUTHORIZATION FOR BACKGROUND CHECK

I \_\_\_\_\_, agree to allow the Niles-Buchanan YMCA to run a criminal background check on myself for purposes of employment or volunteering with the Niles-Buchanan YMCA.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

### PRINT CLEARLY

Name \_\_\_\_\_ Sex \_\_\_\_ Male \_\_\_\_ Female  
(Last) (First) (M.I.)

Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden or any former names \_\_\_\_\_

Current Address \_\_\_\_\_  
(# & Street) (City) (St) (Zip)

Previous Address (last two years)

\_\_\_\_\_  
(# & Street) (City) (St) (Zip)

\_\_\_\_\_  
(# & Street) (City) (St) (Zip)

\_\_\_\_\_  
(# & Street) (City) (St) (Zip)

\_\_\_\_\_  
(# & Street) (City) (St) (Zip)

#### NILES-BUCHANAN YMCA

905 North Front Street, Niles MI 49120

P 269 683 1552 [www.nb-ymca.org](http://www.nb-ymca.org)