



## Crisis Center Background Check

Full Name \_\_\_\_\_

Race \_\_\_\_\_

Sex \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_

All information contained in this form will be kept confidential. By signing this form you consent to the Crisis Center obtaining a background check. Information may be used to determine your volunteer status with the program.

\_\_\_\_\_  
Signature

Please return background check to:

Crisis Center  
Attention: Volunteer Services  
P.O. Box 40068  
Memphis TN 38174