



# 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 Memphis Crisis Center obtaining a background check. Information may be used to determine your volunteer status with the program.

\_\_\_\_\_  
Signature

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*Please return Background Check to:*  
Memphis Crisis Center  
Attention: Volunteer Services  
P. O. Box 40068  
Memphis, TN 38174

*Or, if you prefer, send it electronically to our Executive Director:*  
[Mike.Labonte@crisis7.org](mailto:Mike.Labonte@crisis7.org)