

NAME (First, Middle, Last) \_\_\_\_\_ Gender Male / Female  
 MAIDEN NAME (If applicable) \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 1<sup>ST</sup> PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 APPLICANT SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DRIVER'S LICENSE # AND STATE ISSUED: \_\_\_\_\_

**VOLUNTEER APPLICANT AUTHORIZATION**

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include verification of my driving records. I further authorize FirstPoint to perform a criminal records search.

Further, I authorize other organizations to provide such information to FirstPoint.

*New York employers and residents only:*

By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

**CONSUMER DISCLOSURE**

I understand that a consumer report (Insight) may be obtained from the FirstPoint, Inc for background screening purposes.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OLD)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

*California, Minnesota & Oklahoma residents only:*

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.  Yes  
 No

**For GA Criminal Searches Only (Must Check One):**  Employment w/ Mentally Disabled (Purpose Code M)   
 Employment w/ Elder Care (Purpose Code N)  Employment w/ Children (Purpose Code W)  None Apply

**Company Name:** \_\_\_\_\_

**Requester:** \_\_\_\_\_

Volunteer Screener Plus

Criminal Records (Search Where): \_\_\_\_\_