



I was sick, and you cared for me.
Matthew 25:36

Criminal Background Check Authorization and Consent

In connection with my application for, and for the duration of my membership or privileges to provide services at HelpCare Clinic, I understand that criminal background inquiries will be made on myself, including, but not limited to, Social Security trace report and debarment searches with the Office of the Inspector General and the General Services Administration at initial appointment and then as deemed necessary. I understand that HelpCare Clinic and/or its representative will be requesting information from various federal, state and other agencies which may maintain records concerning past criminal activities.

I authorize, without reservation, any representative of HelpCare Clinic to conduct a background check/inquiry as described above utilizing the identifying information as outlined in my volunteer application. I understand I will be asked to provide a copy of my driver's license or other identification as part of my volunteer application.