

# Background Check Form

## AUTHORIZATION FOR BACKGROUND CHECK

*Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process. You must submit this signed form to OTT by no later than \_\_\_\_\_.*

I, \_\_\_\_\_, hereby authorize Friends of Old Town Theatre to investigate my background and qualifications for purposes of evaluating whether I am qualified to volunteer for the Rising Stars Performing Arts Students Production of \_\_\_\_\_. I understand that Friends of Old Town Theatre will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the organization's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteer service will not be processed further.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Name - Printed