

NAME (First, Middle, Last) _____ Gender Male / Female
 MAIDEN NAME (If applicable) _____
 CURRENT ADDRESS: _____ HOW LONG? _____
 CITY, STATE, ZIP: _____
 1ST 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): _____