



BACKGROUND & RECORD CHECK AUTHORIZATION

I, _____, do hereby authorize Mary's Mantle to conduct a complete nationwide background and record check investigation. I understand that Mary's Mantle may restrict access to its programs and reserves the right to refuse services based on the results of the inquiry and to those who have outstanding warrants or other unresolved matters with the authorities of any state.

(Please Print)

Full Name: _____

Maiden Name and/or other names previously used: _____

Social Security Number: _____ Date of Birth: _____

Applicant Signature

Date

Staff Signature

Date

Please return to Mary's Mantle:

Via email: volunteers@MarysMantle.net

Via mail: Mary's Mantle
Katie Montes
PO Box 115
Bloomfield Hills, MI 48034