

GAMER - Release of Information

School Districts require a criminal history check. As a prospective volunteer, I hereby authorize the MOST Inc and School Districts to obtain my criminal history record. Please accept this as my signed statement, authorizing the release of such information.

Only One Volunteer Per Form PLEASE

PLEASE PRINT : **All information is required. USE ink - NO pencil**

Printed
Name _____

Date of Birth(mm/dd/yy) ____/____/____ Male _____
Female _____

Race (circle one) Caucasian African American Hispanic Asian/Pacific Islander American Indian Other

Social Security Number _____

Driver's License #/ State _____/_____

Address _____

City/State/Zip _____ Phone _____

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Alternate Phone Number _____

Signature of Volunteer _____

Date _____

The above information is CONFIDENTIAL and is NOT released to unauthorized persons

fax - 210-804-6087