



## BACKGROUND CHECK AUTHORIZATION

I hereby authorize **Old Mill Center for Children and Families** and its designated agents and representatives to conduct a comprehensive review of my background to be generated for employment and/or volunteer purposes.

Please print legibly

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Currently mailing address: \_\_\_\_\_  
(City, State & Zip)

Former mailing address: \_\_\_\_\_  
(City, State & Zip)

By signing this form, I authorize Old Mill Center to conduct a criminal background check with the Oregon State Police and certify that the information provided is truthful and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Electronic Signature - Initial \_\_\_\_\_