



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)

By signing this form, I authorize Old Mill Center to conduct a criminal background check with the Oregon Criminal History & Abuse Records Database System (ORCHARDS) and certify that the information provided is truthful and accurate to the best of my knowledge.

Signature

Electronic Signature - Initial _____

Date