



Baltimore County Dept. of Aging

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, do hereby authorize Baltimore County Department of Aging's Volunteer Program to perform a comprehensive background check as required for the volunteer position for which I have applied. The background check will include a national criminal records check and reference checks, and may include checks on my driving record.

I understand that I do not have to agree to this records' check, but that my refusal may exclude me from consideration for a Volunteer, "positions of trust," that includes all of the volunteer positions within the department: Ombudsman, Administrative Assistant, Medicare Counselor, Medicare Minute Outreach Group Presenter/Event Staffer or a Medicare Minute Part D Counselor.

I understand that the Volunteer program will limit the information it collects to that needed to determine my suitability for the above listed volunteer roles and that it will keep such information confidential and destroy documents containing my Social Security number at the time it makes a decision to accept me as a volunteer

Applicants Name: _____

Signature _____ **Date** _____
(Keep top portion of this page for files)

Background Check Information

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Other names (S) you may be known as (e.g. maiden name, birth name, etc.);

(Destroy the lower portion of the page when decision is made)