

VOLUNTEER BACKGROUND CHECK AUTHORIZATION

Thank you for your interest in volunteering with MCD Communities. I understand that my ability to volunteer will be contingent upon the results of the background checks listed below. If for any reason one or more of these checks is unsatisfactory, the offer of volunteering for MCD Communities may be withdrawn.

I (Print Full Name) _____ authorize release of confidential information to MCD Communities from the following background checks:

- Maine State Police Criminal Violations
- Office of Inspector General – Federal and State
- Maine Sex Offender Registry
- Maine CNA Registry
- Maine Adult Protective Services

Other names I have been known by (including maiden name): _____

Address: _____

CNA License # (if applicable) _____

Date of Birth: _____

Last Four Digits of SSN: XXX-XX- ____ ____ ____ ____

Signature: _____

Date: _____

(To be completed by MCD Communities employee) Send results of background checks to:
