



Background Check Renewal Form

Volunteer Information

Name as it appears on Driver's License or State Issued ID:

Birth date: ____/____/____

Address: _____

City/State/Zip: _____

How long have you lived at this address? _____

Primary Phone Number: _____

Email Address: _____

Driver's License Number _____ State _____

AUTHORIZATION/CERTIFICATION I authorize Meals at Home to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize Meals at Home to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize Meals at Home to request and obtain my Motor Vehicle Record. I understand that information obtained as a result of my authorizing this investigation is confidential. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny the application or may result in the termination of my volunteer position.

Printed Name: _____

Signature: _____ Date: _____