



**BOYS & GIRLS CLUB  
OF OAK RIDGE**

Boys and Girls Club of Oak Ridge  
Background Check Authorization

Date of Application: \_\_\_\_\_

**ALL FIELDS ARE REQUIRED FOR COMPLETION – Please print CLEARLY**

Name: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**UNDERSTANDING AND AUTHORIZATION**

I certify that all the answers on the application and attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in the application. I authorize educational institutions, employers, and references listed above to give you any and all information concerning my education, employment, and fitness to work with children and young people. I further agree to release and hold harmless the Boys and Girls Club of Oak Ridge, institutions, references listed above and any law enforcement agencies from all liability and any damage that may result from furnishing this information to you.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Return To:**

Physical/Mailing Address: Boys and Girls Club of Oak Ridge  
102 S. Jefferson Circle  
Oak Ridge, TN 37830