



Background Check Consent

If you are an adult coming we need to run a current background check on you. If you are coming as a minor you do not need to fill this out.

I give Youth With A Mission, Louisville permission to do background checks on me.

Signature: _____

Date: _____

Please print the following information clearly.

Last Name: _____

First Name: _____

Middle Name: _____

Other Last Name: _____

Other First Name: _____

Other Middle Initial: _____

Social Security Number: ____/____/____

Sex: Male Female

Date of birth: (mm/dd/year) ____/____/____

Street Address that appears on your drivers license:

City: _____

State: _____

Zip: _____