



BOYS & GIRLS CLUBS
OF ST. HELENA AND CALISTOGA

Calistoga Teen Center- Volunteer Background Check Information:

First Name: _____

Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

SS#: _____ **Date of birth:** _____

Contact #: _____

I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief, and I authorize the Boys & Girls Clubs of St. Helena and Calistoga to investigate all statements or other information contained in this application.

Signature _____ **Date** _____

-----[this portion for office use only]-----

Client Reference 2: _____

Case ID: _____

Date background check entered: _____

Date background check cleared: _____

Background check form attached? **Yes** **No**

Comments:
