



**BOYS & GIRLS CLUBS**  
OF ST. HELENA AND CALISTOGA

**St. Helena 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.

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**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:**  
\_\_\_\_\_