

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Street Address: _____

Apt# _____ State: _____ Zip Code: _____

Social Security Number: _____ D.O.B. _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I authorize the Reno Sportsdome and its designated agents and representatives to conduct a comprehensive review of my background to be generated for volunteer purposes.

Signature: _____ Date: _____