**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

**For Vineyard Village at Home**

**Volunteer Information**

**(PLEASE PRINT OR TYPE)**

|  |  |
| --- | --- |
| Applicant Name: (First Middle Last) | Current Address: (street address) |
| Other Name(s) Used: (like Maiden) | City: State: Zip: |
| Social Security Number: | Former Address: (1) |
| Sex: Race: | City: State: Zip: |
| Driver’s License No.: State of Issue:  | Former Address: (2) |
| Month, Day and Year of Birth\*:  | City: State: Zip: |

***Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**