



Background Check Instructions

Please complete the form below and mail to:

YoKid

Attn: Ellie Burke

303 S. Mulberry St.

Richmond, VA, 22320

Please PRINT Clearly and Provide Your Signature at the Bottom of the Page

First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____

Current Street Address

Street Number: _____

Street Name: _____

City: _____

State: _____

Zip Code: _____

Current Phone Number:

Home: _____

Cell: _____

Work: _____

Date of Birth: _____

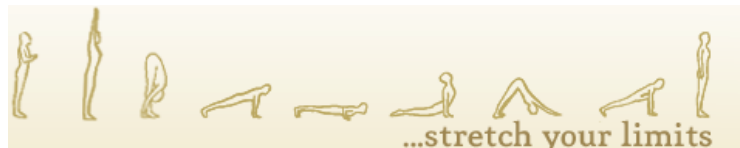
Gender: _____

I understand that YoKid...Stretch Your Limits will use a third party service to conduct a criminal and sex offender background check. A successful completion of this background check is necessary in order to volunteer with YoKid...Stretch Your Limits.

Print Name

Sign Name

Date



www.yokid.org