

**Volunteer for Ice Skate Rink**

**Background Check**

Full Name \_\_\_\_\_  
                    First                                    Middle                                    Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN# \_\_\_\_\_

Phone number that you can be reached at \_\_\_\_\_

Signature \_\_\_\_\_

Background Check  
Completed Date \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_