



MARTHA'S VINEYARD
BOYS & GIRLS CLUB

Employee & Volunteer Background Screening Form

Thank you for your interest in employment /volunteering at the Martha's Vineyard Boys & Girls Club.

Before you can begin working or volunteering for the Martha's Vineyard Boys & Girls Club, Inc. we need to collect the following information for the purposes of background screening. Background screenings must be conducted on all prospective adult employee/volunteers prior to working or volunteering for the organization.

Background screenings must also be performed every 12 months for all current employees/volunteers.

ATTACH A FRONT AND BACK COLOR COPY OF YOUR CURRENT, VALID DRIVER'S LICENSE, PASSPORT, OR OTHER GOVERNMENT ISSUED IDENTIFICATION CARD.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ___/___/___ Social Security Number: ___ - ___ - ___ Government ID Type: _____

State Issued: _____ ID Number: _____ ID Expiration Date: ___/___/___

Are you a legal citizen of the United States of America? Yes / No

If NO, what country? _____

Have you ever been legally known by any other name (maiden, married or any name change)?

If YES, by what name? _____

Mother's Maiden Name: _____

Current **MAILING** Address: _____
Street/PO Box City/Town State Zip Code

Local Physical Address: _____
Street/PO Box City/Town State Zip Code

Legal Residential Address: _____
Street/PO Box City/Town State Zip Code

Former Address: _____
Street/PO Box City/Town State Zip Code

Please complete the following if the above addresses are not Primary/Permanent addresses for applicant:

Primary State: _____ Primary County: _____ Primary Country: _____

I attest that the above provided information is factual and give the Martha's Vineyard Boys & Girls Club permission to use this information for the purpose of mandatory background screening (Massachusetts CORI & SORI, LexisNexis international/national, county level background check). I understand that only after a satisfactory background check will I be allowed to participate as an employee/volunteer with the organization.

All information attained from background screening is confidential.

Signature of Applicant: _____ Date: _____

Contact Phone Number: _____ Contact Email: _____

Official Use: ID Copies Attached Date Received: _____ Date Entered: _____

Date Background Check is Completed: _____ Flagged

Reviewed Signature of Reviewer: _____ Date: _____