



ANITA C. LEIGHT ESTUARY CENTER
Otter Point Creek Alliance Volunteer Approval Form

This portion of the application is to be completed following volunteer interview and/or training session with Anita C. Leight Estuary Center staff.

Your Birth Date (m/d/yr): _____

Emergency contact: Name:: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____

Please list three References (include contact information):

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow OPCA to perform a check of my background, including:

_____ Criminal record
initial

_____ Past employment/ volunteer history
initial

_____ Personal references
initial

and other persons or sources as appropriate for the volunteer jobs I have expressed an interest in.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to what is appropriate for determining my suitability as a volunteer. All such information collected during the check will be kept confidential.

I hereby also give my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and any other information they deem appropriate.

Signature: _____ Date: _____