## **Employee/Volunteer Background Check Authorization Form**

This form is for all employees/volunteers required to complete a Background Check. The form will be used for those purposes only. Please submit the completed form to:

The Nature Institute 2213 S. Levis Lane Godfrey, IL 62035 Phone: 618-466-9930

To be Completed by emplo	oyee (please print)			
Employee Legal Name:	First Name	MI	Last Name	
Street Address:				
City, State, Zip:				
Telephone Number:				
Email:		_	Montn	day year
I give permission for The Na Bureau of Investigation), and				d (state and Federa
I understand that any work satisfactory criminal background				
I understand that I will be pro to authorized The Nature Ins that no specific information re party.	titute personnel to be	maintained i	n accordance with po	licy. Í acknowledge
Signature:			Date:	
To be Completed by Hiring	g Unit			
This position is:  ☐ Full-Time ☐ Volunteer Education	_		□ Seasonal Stewa	ardship
Employee/Volunteer Depa	rtment:			
Contact Name and Phone:	<u> </u>			