

Name (First, Middle, Last) _____

Maiden Name (If applicable) _____

Current Address _____ **How Long?** _____

City, State, ZIP _____

1st Previous Address _____ **How Long?** _____

City, State, ZIP _____

2nd Previous Address _____ **How Long?** _____

City, State, ZIP _____

Applicant Social Security Number ____ - ____ - ____ **Date of birth** ____ / ____ / ____

Driver's License # and State Issued _____

APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to perform a criminal record search.

As applicable, I hereby authorize FirstPoint to verify my past and present driving records.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources, and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that is included in the INSIGHT report..

Applicant Signature _____ **Date** ____ / ____ / ____

For office use only

Fax to Insight @ 1-800-888-3487

The YMCA of the Triangle Area
SAFETY FIRST- VOLUNTEER

Location: Alexander
Dept/Prog 7111