



## New England Healing Sports Association Screen Request Form

As a volunteer for NEHSA, I understand that a criminal record check will be conducted for conviction and pending criminal case information and that it will not necessarily disqualify me to volunteer with NEHSA. The information below is correct of the best of my knowledge

By providing NEHSA with this information, you are authorizing them to do a background screening which will include SSN Trace, Multi State Instant Criminal Check and Nationwide Sex Offender Registry Check.

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Alternate/Maiden or Alias

\_\_\_\_\_  
Alternate First Name or Alias

\_\_\_\_\_  
Middle Name

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Residence

\_\_\_\_\_  
City Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please Note: if you are a new NEHSA Volunteer, please provide us with a picture of your driver's license or another form of government issued photographic identification.