

## Wisconsin Record Check

I, as a potential employee or volunteer for Advocates of Ozaukee, understand the importance of security and confidentiality to the shelter. I am aware that a record check will be made for these reasons and I hereby give my permission for the release of such information.

### PLEASE PRINT CLEARLY

Last Name: \_\_\_\_\_ (required)

First Name: \_\_\_\_\_ (required)

Middle Name: \_\_\_\_\_ (optional)

Date of Birth: \_\_\_\_\_ (required)

Social Security Number: \_\_\_\_\_ (required)

Gender: (optional) \_\_\_ Male or \_\_\_ Female

Race: (optional) \_\_\_ White \_\_\_ Black \_\_\_ Asian or Pacific Islander  
\_\_\_ American Indian or Alaskan Native \_\_\_ Other \_\_\_\_\_

Name Signed or Typed (if by email): \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your cooperation. Please return at your earliest convenience to:

Volunteer Manager

P.O. BOX 80166

Saukville, WI 53080

Or e-mail to: [volunteerdir@advocates-oz.org](mailto:volunteerdir@advocates-oz.org)

### For Office Use Only

Date Checked: \_\_\_\_\_

Staff Person: \_\_\_\_\_

Record: \_\_\_ No Record: \_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_