

**KEYSTONE MISSION
BACKGROUND CHECK AGREEMENT**

PLEASE CHECK ONE

- I do give permission to Keystone Mission to run the PA State Background Check.
- I do not give permission to Keystone Mission to run the PA State Background Check.

AGREEMENT TO BACKGROUND CHECK

I, _____ (*first, middle initial, and last name*), give the Keystone Mission permission on _____ (*date*) to run the Pennsylvania State Background Check on me for consideration of volunteering at their organization. By signing this acknowledgment, I hereby give full rights to the Keystone Mission knowledge of any previous legal matters that may be presented in the background check. I also acknowledge that if any legal matters were to present themselves in the background check, depending on the circumstance surrounding the legal matter that it may disqualify me from volunteering at the organization.

Volunteer Printed Name

Date

Volunteer Signature

Keystone Mission Representative

Date

Disclaimer: *Keystone Mission does not allow unauthorized personnel to review a volunteer's PA State Background Check. All information is kept on file and confidential at the Administrative Office of Keystone Mission. As a volunteer at Keystone Mission, you are entitled to review your background check and other information regarding your status with the organization during your time of service.*