



Authorization for Background Check

I, _____, hereby authorize Elite Therapy Center to investigate my background for purposes of evaluating whether I am qualified for volunteering at their facility. I understand that Elite Therapy Center will utilize an outside organization to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and I will not be permitted to volunteer.

Social Security Number: _____

Signature of Volunteer

Date