

## 2022 - 2023

## Permission to Perform Background Check

I hereby authorize the Kalamazoo Civic Theatre to request and obtain information regarding:

- criminal history records and/or
- pending criminal cases

I understand that I do not have to agree to this background check, but that refusal to do so will exclude me from both working and/or volunteering at the Kalamazoo Civic Theatre.

I understand that my ability to work or volunteer is contingent upon the outcome of this background check and that the Kalamazoo Civic Theatre will inform me if they find criminal convictions that would disqualify me from volunteering and/or working.

I understand that information collected during this background check will be limited to that appropriate to determine my suitability to participate at the Civic and that all such information collected will be kept confidential.

I hereby extend my permission to those individuals and organizations contacted for the purpose of this background check to give any and all information as they deem appropriate.

Signature				
Print <b>Full Legal Name</b>	(First)		(Last)	(Suffix)
Former Name(s)				
Birth Date: (MM/D	D/YYYY)			
Gender: Female	Male	Other	-	
Hawaiian/Pa	American Indi cific Islander; Bl sian; 2 or more	lack/ African Americ		c/Latinx;
States in which you	nhave resided:			
Today's Date: (MM	/DD/YYYY)			

Note: This information has been defined by the State of Michigan and is required to complete the Internet Criminal Access Tool (ICHAT) and other states requirements for background information.