



1341 Parkview Drive Lyndhurst, OH 44124 440-449-3551
mealsonwheels@lyndhurst-oh.com

**HILLCREST MEALS ON WHEELS
BACKGROUND CHECK REQUEST FORM**

The undersigned hereby authorized Hillcrest Meals on Wheels to obtain a consumer report and/or an investigative consumer report, which may include information on any criminal background. I understand that in obtaining such consumer report, a consumer reporting agency may be used, and I do hereby authorize such use. This authorization shall remain in effect during the period of time while I am volunteering my services with Hillcrest Meals on Wheels.

Street Address : _____

City: _____ State _____ Zip _____

County: _____

Social Security #: _____ Date of Birth _____

Signed: _____

Signed Name

Printed Name/Date