

**PORLAND HOUSING AUTHORITY**  
Criminal Background Screening  
Applicant Authorization  
(please print clearly)

Applicant Full Name (including middle):	
Name Suffix:	
Street Number:	
Street Name:	
Apartment Number:	
City / State / Zip Code:	
County:	
Date of Birth:	
Telephone Number:	

I hereby authorize the Portland Housing Authority to conduct a pre-volunteering criminal background and sex offender screening.

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

\_\_\_\_\_  
Signature

Once signed this form should be returned along with the volunteer application to:

Portland Housing Authority  
970 Baxter Boulevard  
Portland, ME 04103

Emily Mancini-Fitch

efitch@porthouse.org