

PORTLAND 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