



KASPER

PO Box 772
Brookings, OR 97415
669-500-5437
enrichment@kasperkids.org

501(c)3 Non-Profit: 26-2997244

THANK YOU for Volunteering!

We prioritize the safety of kids and require that all volunteers complete a background check. Your information will be kept confidential and only seen by necessary KASPER Board Members or Staff and only for the purpose of processing your background check. Your personal information is NOT kept on file with KASPER and will be destroyed after your background check is completed. This background check will be processed at the Brookings Police Department. If you are a recurring volunteer (more than 3 interactions), you will need to complete additional background forms through our 4-H partner. These forms are available on our website: kasperkids.org/volunteer-forms

Legal Full Name: _____

Physical Address: _____

City _____ State _____ Zip _____

Date of Birth: _____

Social Security Number: _____

Have you lived outside of Oregon in the last 5 years? Yes No

I authorize KASPER to perform a background check with this information for the purpose of volunteering with KASPER.

Signature _____ Date: _____

Please return this form to KASPER Staff or a Board Member. You may enclose in a sealed envelope if desired.