



Volunteer Program
CRIMINAL BACKGROUND CHECK AUTHORIZATION

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Social Security Number: _____

Date of Birth: _____

Gender: _____

I , _____ (Print Name),
acknowledge that the _____ volunteer
position at the Waikiki Aquarium is conditional upon the
passing of a criminal background check. I authorize the
Waikiki Aquarium to access this information.

Signature

Date