

## VOLUNTEER AUTHORIZATION

This form must be completed and returned to  
Nativity Business Office, attn: Carol Sullivan

To be completed by volunteer:

Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Volunteer Activity: \_\_\_\_\_

Nativity Staff Contact: \_\_\_\_\_

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FOR OFFICE USE ONLY (Do not write in this section.)

Approval of Background Check:

Approved: \_\_\_\_\_

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

Kyle Hubbart, Business Manager

Approval of Safe Environment Training:

Approved: \_\_\_\_\_

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

SET Facilitator or Administrator