



# Online Wellness Association

## THIRD PARTY BACKGROUND CHECK

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date of Birth - Applicant

\_\_\_\_\_  
Name & Address of Information Source – Please Print or Type:

\_\_\_\_\_  
Relationship to Applicant:

Douglas International  
P.O. Box 1524  
Veneta, OR 97487

Third Party Agency for  
Background Check

I hereby authorize the above named source to release or disclose to Online Wellness Association the following information for the purpose of processing my application for membership as of the date signed below:

I understand that my background check will be completed by a third party company upon receipt of this release including, but now limited to, a criminal background check, which is accessing information of public record. All findings of this third party will be kept completely confidential. OWA will only receive communication that I have either passed the background check or that the findings require further consideration.

I authorize the use of a telefax or photocopy of this form for the release or disclosure of the information described above.

I understand that this authorization, except for action already taken, may be voided by me at any time. If I do not void this authorization, it will automatically end when a final decision is made on my application for membership.

Signature of Applicant:

Date:

\_\_\_\_\_  
Street Address:

\_\_\_\_\_  
Telephone Number (area code):

\_\_\_\_\_  
City, State, Zip Code:

\_\_\_\_\_  
e-mail address: