PRIME Information Center

VOLUNTEER/CHURCH
RELEASE AUTHORIZATION

INTRODUCTION

_____ is committed to providing a safe and secure environment for all who participate in the activities associated with our organization. We therefore require that all who volunteer with _____ undergo a criminal background check. We know this can seem a bit daunting and/or intimidating, but it is a necessity in the world in which we live. The information asked for **is** **confidential** and we want to assure you that it is kept secure. Thank you for your understanding and for taking the time to fill out this form.

APPLICANT, complete the following:

I. In connection with my volunteer application, I understand that a report or an investigative background check may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Organizational policy and consistent with the volunteer position described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, and references.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. Applicants are entitled to know if volunteering is denied because of information obtained by _____ from a reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contracted with _____ or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

_____

Please print your full name LAST FIRST MIDDLE

_____

Please print other names you have used Date of Birth

_____

Home Address

_____

City State Zip Code

The following states **require** sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: ☐ Male ☐ Female

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black ☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Two or more races

_____

Driver's License Number State Issuing License

_____

Name as it appears on license

_____

Signature Today's Date