

Volunteer Authorization and Disclosure

We value our employees, volunteers, the safety of children in our care and the people whom we serve. In order to help safeguard those in our care, _____ has joined National Screening Bureau in conducting criminal background history checks on the volunteers and employees who have unsupervised contact with a child, the elderly or persons with disabilities.

Please complete this form of basic information about you, which assures the best possible program and safety for all. Information obtained will be handled in a confidential manner.

PLEASE PRINT CLEARLY

Last Name	First Name	Middle Name	Other Names Used	
If Married – How Long	Maiden Name			
Home Address	City	State	Zip	How Long yrs mths
If less than 7 years at present address Previous Address	City	State	Zip	
Phone #	Sex M F	Date of Birth MM DD YYYY	Social Security #	Drivers License #
*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval			Race	State Drivers License was issued in:

Authorization:

I understand that investigative inquiries on my background are to be made on me, to assess whether any reason exists that would suggest that I not be accepted for the position. If I am approved for volunteer service this background check authorization will be kept on file and may be used at any time during my service to procure further information. These inquiries will be made according to policies of _____ and will consist of, but not limited to ID verification, criminal history background check and/or driving record check using the services of National Screening Bureau. The information received will be kept confidential and will be used only to determine my suitability to volunteer or for employment.

I understand that I will have an opportunity to review the report and a procedure is available for clarification, if I dispute the record as received.

I authorize without reservation, any party contacted to furnish any or all of the above-mentioned information.

I release _____ and National Screening Bureau from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting from this information.

Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation.

The above information is true and correct to the best of my knowledge:

Signature _____ Date _____

I have received a copy of "A Summary of your Rights"

The "Summary of your rights" form is a federally required document that explains what course of action you can take if you wish to dispute the findings of a background check or consumer report. It is **not** an authorization to pull your credit report.