



(Organization Name)

BACKGROUND INVESTIGATION CONSENT

I, _____ (applicant complete name), hereby authorize _____ (organization) and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with _____ (organization).

I release _____ (organization) and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Full Name (Printed): _____

Maiden name or other names used: _____

Present street address: _____ How long? _____

City/State: _____ Zip: _____

Former street address: _____ How long? _____

City/State: _____ Zip: _____

Date of birth: _____ Social Security: _____

Driver's license: _____ State of license: _____

Date: _____

Signature

