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**	**Email**	**Other Email**
Home Address	**City**	**State**	**Zip** **How Long** yrs mths
If less then 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, race, are being requested only for purposes of identification in obtaining accurate retrieval.*		**Race**	**State Drivers License was issued in:**

Signature: **Date:**

Authorization:

I understand that investigative inquires 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 the policies of Chase County USD 284 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 Chase County USD 284 and National Screening Bureau from any liability or damages resulting from the release of this information. I waive any present of future claims of privacy resulting from this information.

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