



Center 360 Annual Background Check Form for Volunteers

Applicant Release Authorization

In accordance with the Child Protection Policy of Center 360, all volunteers 18 years and older who will have repetitive access or contact with youth participants must complete this form and agree to a background check annually. Background checks for all individuals accepted to volunteer with Center 360 will be conducted by the Program Director.

The information provided on this form 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 request for or release of any of the above mentioned information or reports.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Center 360 or its background check service provider or agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request. I understand that, regardless of previous appointments, Center 360 is not obligated to appoint me to a volunteer position. If appointed, I understand that violation of Center 360 policies or principles could be subject to my suspension or removal by Center 360 staff.

PERSONAL INFORMATION (PLEASE PRINT)

Last Name	First Name	Middle Initial (REQUIRED)
-----------	------------	---------------------------

Other Legal Names You Have Used, Including Maiden Name(s)

Home Address	City	State	Zip Code
--------------	------	-------	----------

Social Security Number	Date of Birth
------------------------	---------------

Home Phone	Cell Phone	Business Phone
------------	------------	----------------

Email Address

Occupation /Title	Company/Employer's Name
-------------------	-------------------------

I certify that the information on this application is true.

Signature of Applicant

Name of Applicant (PLEASE PRINT)

Date

em·pow·er

in·spire

ed·u·cate