

# Authorization For Release of Information for Volunteer Background Reports

## TALBOT INTERFAITH SHELTER

Full Name:	SSN (optional)
Driver's License #:	Phone #:
State of Driver's License:	E-mail:

### BACKGROUND PRE-EMPLOYMENT / VOLUNTEERING INVESTIGATIONS

In connection with my volunteering for Talbot Interfaith Shelter, I authorize TIS and their respective agents to solicit information about my personal information, which includes checking personal references, criminal history, local law enforcement records, and previous employment/educational background. **This request for information is authorized by signer for all necessary jurisdictions.** This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to obtain a free copy of this Consumer Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release. While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Inquiries, Inc. and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository, Inquiries, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Inquiries, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Inquiries, Inc. its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individual's criminal records history, and / or workers compensation claim history.

<b>1. Are you a U.S. citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Country:</b> _____	<b>2. Do you hold dual citizenship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>List:</b> _____
<b>3. Have you ever held a security clearance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Type:</b> _____	<b>4. Have you ever been convicted of a crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>If Yes, explain on Back</u></b>
<b>5. Are you currently required to register as a sex offender?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>If Yes, explain on Back</u></b>	<b>6. Have you ever been convicted of a felony or has a court required you to satisfy conditions of probation so that a felony conviction would not be entered on your record?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>If Yes, explain on Back</u></b>
<b>7. Have you ever been discharged or asked to resign from a position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>If Yes, explain on Back</u></b>	<b>7. By what other names are you known, or have you been known in the past?</b>

<b>8. Date of Birth:</b>	<b>Place of Birth</b> (City and State/Province)	<b>Country</b>
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**9. Current / Previous Address** Please fill in your addresses for the past 5 years, starting with your current address. Add additional sheets if necessary.

Street Address		
City	State or Province	Postal Code
Month/Year /        to        /	Street Address	
City	State or Province	Postal Code
Month/Year /        to        /	Street Address	

**Signature Certification and Authorization:** I certify that the information on this document is correct and complete to the best of my knowledge and belief. I am also authorizing the release of information to any party for the purpose of verifying information I have provided

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PLEASE RETURN THIS FORM & COPY OF DRIVERS LICENSE TO: TIS @ PO BOX 2004, EASTON MD 21601**