

# Release of Information

**PLEASE PRINT LEGIBLY**

Legal Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Please list all addresses for the past seven years (attach additional sheets if necessary):

Current Home Address: *Street Apt City County State Zip Code*

Past Home Address: *Street Apt City County State Zip Code*

Past Home Address: *Street Apt City County State Zip Code*

Past Home Address: *Street Apt City County State Zip Code*

List any other names you have used (attach additional sheets if necessary):

*Name Dates Used City State*

*Name Dates Used City State*

Have you ever been convicted of a crime? Yes / No If yes, please complete the section below.

*Date Offense City County State*

*Date Offense City County State*

(Attach additional sheets if necessary)

I authorize all persons, schools, companies, corporations, state agencies, federal agencies, and law enforcement agencies to release information without restriction or qualification to Volunteer Services of Carlton County, Inc. or The McDowell Agency, Inc. I hereby release Volunteer Services of Carlton County, Inc. and The McDowell Agency, Inc. from any liability arising from the preparation of this report or investigation relating thereto to the extent permitted by law. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form or any application form, may be grounds for refusal to enlist my services and negate any present or future volunteer or employment possibilities with this organization. Furthermore, I understand that any offer that has been made to me for the use of my services with Volunteer Services of Carlton County, Inc. is contingent upon full disclosure of requested information and subject to personal reference checks. I understand that the results of said background check may disqualify me from employment or volunteer service at Volunteer Services of Carlton County, Inc. and that any offer I have received is contingent upon this report and may be rescinded at any time as a result of findings deemed essential by Volunteer Services of Carlton County, Inc. I understand that this release is valid for the duration of my service and that Volunteer Services of Carlton County, Inc. or The McDowell Agency, Inc. (at the request of Volunteer Services of Carlton County, Inc.) may choose to investigate my background at any time during the term of my service.

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original. (Please do not sign until in the presence of a notary.)

*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_

**Notary:**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_