

Permission for Release of Personal Information

I acknowledge that by making my application to become a volunteer with the Emergency Shelter of the Fox Valley, a complete background check will be made. Included in this will be a criminal background check as well as a reference check. I would like the Emergency Shelter to be informed as to any existing records or character references, for their internal use only.

I consent to the release of any and/or all information concerning police records on file, with state, county, and local authorities. Additionally, I release the state, county, and local authorities and my references from any liability based on this request.

This consent is good for one (1) year from the date signed. I may revoke this consent at any time by notifying the Emergency Shelter in writing. If, at any time I revoke consent, I understand that the information already released with my consent may continue to be used to complete actions already initiated.

Name:
(Last) _____ (First) _____ (M.I.) _____

Have you ever been known by any other legal name, including any alias(es), maiden name, and/or former married name(s)? (Please list.)

Social Security Number: _____ Gender: M _____ F _____

Date of Birth: _____ Place of Birth: _____

Signature