

# Volunteer Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the organization. The organization has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.

I hereby authorize Atlas Risk Management, LLC., an agent of \_\_\_\_\_, to make a thorough check of my past Employment, Education, and activities.

I release from liability all persons, organizations, companies, and corporations supplying that information.

I release and indemnify \_\_\_\_\_ and/or Atlas Risk Management, LLC. against any liability that might result from making such background checks. A copy of this form is as valid as the original.

## Volunteer/Applicant:

\_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ (DOB) Month & Day only: \_\_\_\_\_

Name (type or print)

DL#: \_\_\_\_\_ State: \_\_\_\_\_

### RESIDENCES (Starting with current)

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

STREET APT. CITY STATE ZIP

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

STREET APT. CITY STATE ZIP

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

STREET APT. CITY STATE ZIP

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

STREET APT. CITY STATE ZIP

PREVIOUS EMPLOYER:	Address	Phone #	Position	Dates of Emp.
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHOOLS ATTENDED:	NAME	City/State	Dates Attended	Year Graduated
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High School: _____	_____	_____	not applicable	not applicable
College: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

### For identification purposes:

Date of Birth: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Other or Former Names \_\_\_\_\_

Professional License(s): State \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_  
Signature

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