

1704 S. Green River Rd.
Evansville, IN 47715
812-402-0740 Voice
812-474-0745 Fax



VOLUNTEER INQUIRY RELEASE

In connection with my application as a Volunteer, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me pertinent to my qualifications as a Volunteer.

I understand that VeriScreen may make inquiries, including but not limited to my public criminal records and consumer credit history, education, professional licensing, and driving history. Furthermore, I understand that VeriScreen may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences. If accepted by the prospective Volunteer Coordinator, I also understand that the prospective Volunteer Coordinator may check all of the above entities on a yearly/quarterly basis or during the process of Volunteer assessment.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if my acceptance or renewal is denied because of information obtained by my prospective Volunteer Coordinator from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by VeriScreen to furnish any or all of the above mentioned information. In addition, I hereby release VeriScreen and prospective Volunteer Coordinator from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith provide to VeriScreen the above mentioned information as requested, in order to successfully complete a background investigation for my application for Volunteer. I will allow a photocopy of this authorization to be as valid as the original.

Print Full Name: _____

Social Security _____

Date of Birth _____ / _____ / _____

Driver's License # _____ State _____

Current Address _____

City/State/Zip _____

Applicants Signature _____

** Notary Signature _____ Printed _____

State _____ County _____ Commission Expires _____

* Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes.
** Only when requested.