

Notification and Authorization to Release Criminal Information for Volunteering Purposes

Notification

The volunteer position for which I am being considered requires me to consent to a criminal background check as a condition of hiring. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize FPYV to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist FPYV in collecting this information. **All areas in BOLD print are required to run your background check.**

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar for this position. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for FPYV mentees.

Are you affiliated with a specific congregation	? If yes, whom?	
Please print (for identification purposes):		
Full Legal Name:		
First	Middle	Last
Other Names You Have Used in Past Seven Y	ears:	
Current Address:		
Previous Address (most recent):		
Phone Number:		
Date of Birth: Month/Day/Year	Gender: Fema	leMale
Social Security Number:		
E M. I		

Have you ever been convicted of a criminal *offense or ha	ve any pending criminal* charges against you?
*This refers only to felonies and misdemeanors; you do no municipal ordinance violations.	ot need to include non-criminal traffic violations or
Yes(provide detail on next page) No	_
To the best of my knowledge, the information provided in thereto is true and complete. I understand that any falsification this position and/or may serve as grounds for the severable below I hereby provide my authorization to FPYV to cond	ation or omission of information may disqualify me ance of my volunteer position with FPYV. By signing
Signature	Date