



Volunteer Background Verification Release Form

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Date of Birth	Driver's License Number	State Issued	
Position Applied For			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

I hereby authorize SOUTHWEST CHRISTIAN SCHOOL to request and receive any information limited to my Criminal History and Driving Record.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I also understand that the criminal history could contain information presumed to be expunged. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by SCS and a procedure is available for clarification, if I dispute the record as received.

I further release and discharge SOUTHWEST CHRISTIAN SCHOOL and its Officers and Employees, from any and all claims and liability arising out of any request for information or records pursuant to this authorization. Specifically, I understand that SOUTHWEST CHRISTIAN SCHOOL will not be held liable for the accuracy or inaccuracy of the information provided by third-parties or Governmental entities in response to SOUTHWEST CHRISTIAN SCHOOL's request for a Criminal History and Driving Record. I also understand that the information obtained by virtue of this Release may be shared only with those involved in the decision process and required State and/or Federal authorities. I understand this form be shredded upon completion of a successful background screening.

I understand that I have the right to make written request within a reasonable period of time to SOUTHWEST CHRISTIAN SCHOOL for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name