

## **Notification and Authorization to Release Criminal Information for Employment/Volunteer Purposes**

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**Authorization:** I hereby authorize Family Advocates, Inc to conduct the criminal background check. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist Family Advocates, Inc. in collecting this information. I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. 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 Family Advocates, Inc. clients, employees, and other community members.

Position(s) Applied for: VOLUNTEER

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First
Middle
Last

Other Names You Have Used in Past Seven Years: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Gender: Female  Male  Other

Social Security Number: XXX-XX-XXXX      Race: \_\_\_\_\_

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Yes \_\_\_\_\_ (provide detail on back)      No \_\_\_\_\_

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