SHIRTS ACROSS AMERICA VOLUNTEER

BACKGROUND CHECK REQUEST

Shirts Across America and its sponsoring schools/entities may require volunteers in any Shirts Across America activity to undergo a background check. Each volunteer is responsible for notifying Shirts Across America and the school/entity you will be participating with of any changes in background information that might render him/her ineligible for service. Shirts Across America reserves the right to decline to accept the services of a volunteer or to request an individual to withdraw from volunteer service whenever, in the judgment of Shirts Across America it is in the best interest of Shirts Across America to do so.

NAME: First	Midd	le	Last	
VOLUNTEER POSITION	:			
ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	
BIRTHDATE:/_				
SOCIAL SECURITY #: _			Names and dates of nam	ne changes:
DRIVER'S LICENSE #: _			Name	Date
STATE ISSUED:			Name	Date
GENDER (please circle)	Male or Female			
	e years in which		past 10 years, please list Please continue on the re	
STATE: CITY: _		COUNTY:	YEARS:	to
STATE: CITY: _		COUNTY:	YEARS:	to
STATE: CITY: _		COUNTY:	YEARS:	to
Have you ever been con If yes, state offense, pla			carcerated in the last 10 y	ears? Yes No
Have you ever been cha adults? Yes No I	_	•	or civil offense involving cl	nildren or vulnerabl
If you answered yes	to either of the a	bove questions,	you may not begin volunte	eer service until the

Please sign the reverse side of this form.

background information has been received and evaluated, and you have been authorized to serve as a volunteer.



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BACKGROUND CHECK AUTHORIZATION

I understand that, in connection with my volunteer application, a background investigation may be done that may include information regarding my driving records and court records (both civil and criminal.) This is to protect the vulnerable among us from harm and injury. This information may come from either public or private sources and may contain information regarding my character, experience, work habits, and/or other information relevant to volunteer service.

I understand that, if I am approved for volunteer service by Shirts Across America, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of Shirts Across America, such may be necessary.

I hereby release and discharge to the extent permitted by law, Shirts Across America, its employees, any individual or agency obtaining information for Shirts Across America, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future.

My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

Volunteer's Name (Please Print)	Signature	Date

Please provide information on reverse side of form.