



Background Check Disclosure, Authorization, and Release Form

Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release to Mobile Loaves & Fishes and/or to the background check vendor of information concerning my employment history, education, motor vehicle history and standing, criminal history, and all other information Mobile Loaves & Fishes deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; and other applicable sources. I hereby release and hold the vendor and Mobile Loaves & Fishes, its officers, directors, employees, and trustees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my volunteerism with the department of Resident Care at the Community First! Village.

This Background Check Disclosure, Authorization, and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by Mobile Loaves & Fishes.

Complete the following requested information and return to Background Check Coordinator

Applicant Last name, First, Middle

Social security number (required) Date of birth (for ID purposes only)

Present address (City/state/zip)

Driver license #/state of issue Daytime Phone # Email

*Please attach a copy of Driver's license

Mobile Loaves & Fishes Community First! Resident Care Program

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor? **Yes No**

If you answered "yes" to the question above, please describe the details of all offenses including nature, circumstances, and dates. (Attach additional sheets if necessary.) A conviction will not necessarily be a bar to volunteering.

Applicant: provide addresses of residences for the past seven years, including street address, city, state, zip code, and country

Applicant signature

Date

To Be Completed by Mobile Loaves & Fishes

Date background check completed [check those that apply]

Public Data _____
Driving History _____
Other _____
Other _____

Approved as a Resident Care Volunteer- **Yes No**