



25650 Kelly Road, Roseville, MI 48066

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www.ivcinfo.org

**Authorization to Release Background Information
-- Volunteer/Employee**

(revised 11/12/15)

* REQUIRED INFORMATION		
Last Name*	First Name*	Middle Name*
Other Names Used (such as maiden names):		
Address		
City	State	Zip
Race*: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown/Other		Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female
DOB*	MI Driver's License Number	Expiration Date

Because I am concerned with the safety of potentially vulnerable individuals and understand that some persons in our society might try to use volunteer opportunities as a way to prey on older or disabled adults, I authorize the Interfaith Volunteer Caregivers program to investigate all statements in my registration and/or application and to conduct a background check, including but not limited to all criminal history, and to contact my references and/or former employers and other sources to gain information and/or records concerning me.

I authorize these police agencies, past employers, my references and other sources to release this information and/or records without liability for damage incurred in giving it, and I waive any written notice of the release of such records that may be required by state or federal law.

I specifically release from any liability, any current or former employer, its agents, representatives, employees, officers or directors for giving such information and/or records to the Interfaith Volunteer Caregivers program.

I also understand and agree to hold Interfaith Volunteer Caregivers harmless and without liability for investigating and receiving records or information from any and all sources pursuant to this Authorization, and I authorize the Interfaith Volunteer Caregivers to share any such information gathered through this process with any other organizations that would be impacted by my service or work.

I give Interfaith Volunteer Caregivers permission to conduct these investigations and background checks annually and whenever warranted to ensure the safety of all program participants.

Signature: _____ Date: _____