



## Volunteer Criminal Background Screening Consent/Release Form

Applicant's FULL Name (Please Print): \_\_\_\_\_

(First)

(Middle)

(Last)

Date of Birth: \_\_\_\_\_

Gender:

Female

Male

Current  
Address: \_\_\_\_\_

City/State/Zip

Previous  
Address (1): \_\_\_\_\_

City/State/Zip

Previous  
Address (2): \_\_\_\_\_

City/State/Zip

- List any additional addresses within the last five years on the back of this form.

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issued by the State of: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for River Park at Cooleemee Falls, Inc., the Town of Cooleemee and or County of Davie to obtain information regarding myself through a criminal background screening. This information will include the following:

- Criminal background records/information
- Search of Sex Offender Registries
- Address Verification (current and previous)
- Social Security verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Applicant's Signature: \_\_\_\_\_