

# Sheltering Arms Senior Services Volunteer Screening Form

## AUTHORIZATION AND RELEASE/WAIVER OF INFORMATION AGREEMENT

\* PLEASE **PRINT** CLEARLY IN BLACK INK \* PLEASE **VERIFY** THAT ALL INFORMATION IS CORRECT!

Applicant Name: _____	Social Security Number: _____ - _____ - _____
Drivers License _____ State _____	Date of Birth: _____

RESIDENCES FOR PREVIOUS FIVE YEARS (Starting with current)						
Address: _____	STREET	APT	CITY	STATE	ZIP	How Long? _____
Address: _____	STREET	APT	CITY	STATE	ZIP	How Long? _____
Address: _____	STREET	APT	CITY	STATE	ZIP	How Long? _____

- In connection with my application for volunteering / employment with Sheltering Arms, I fully understand this release acknowledges that Sheltering Arms and/or Texas Department of Public Safety, may now, or at any time while I am volunteering / employed / contracted, conduct a public record(s)/research report containing information for verification of prior employment (including names and dates of previous employers, reason for termination of employment, work experience, accidents, etc.), academic achievement, financial history, use of a motor vehicle and driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, general background and personal character, from federal, state and other agencies which maintain such records; as well as information from Texas Department of Public Safety concerning previous driving record requested made by others from such state agencies, and state provided driving records.

- All background information obtained shall be utilized to assist in verification of my volunteer application, employment application and post job offer medical inquiry. Retrieval and usage of this information complies with the Equal Opportunity Commission, Americans With Disabilities Act and the Fair Credit Reporting Act (Laws, Rules and Regulations), as amended 9/30/97. Sheltering Arms is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national or religious origin, age or Americans with disabilities. I hereby declare that the answers to the questions of my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of fact(s) or omission(s) may form the basis for rejection of my volunteer application, or for my dismissal after employment.

- I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY TEXAS DEPARTMENT OF PUBLIC SAFETY (TXDPS), TO FURNISH THE ABOVE MENTIONED INFORMATION. I AUTHORIZE A PHOTOSTAT (OR FACSIMILE "FAX") OF THIS RELEASE TO BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL. ALL RESULTS WILL BE PROPRIETARY AND HELD CONFIDENTIAL AND WILL NOT BE PROVIDED TO ANY PARTIES OTHER THAN SHELTERING ARMS OR ITS LEGAL REPRESENTATIVES. I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE THE REQUESTED PARTIES FROM LIABILITY FOR COMPLYING WITH THE REQUEST/RELEASE. I AUTHORIZE TXDPS SCREENING SERVICE TO PROVIDE THE RESULTS OF SAID INFORMATION TO SHELTERING ARMS OR ITS REPRESENTATIVE(S). I FURTHER RELEASE SHELTERING ARMS AND TXDPS, AS WELL AS THEIR REPRESENTATIVES, OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY FROM THE RESULTS AND PREPARATION OF ANY REPORTS CONCERNING MYSELF OR MY BACKGROUND. THE FACTS SET FORTH BY ME IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

- I have the right to make a request to Texas Department of Public Safety, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which have been previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from Texas Dept. of Public Safety, and I agree that such information, which Texas Dept. of Public Safety obtains, and my volunteer history. I hereby authorize procurement of consumer report(s). If volunteering, hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my tenure, employment (or contract) period.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_