



Background Report Release Authorization
For Volunteers of City Union Mission

1. In connection with my application for volunteer service at City Union Mission, Kansas City, MO, I understand a criminal record report will be requested. I understand as directed by organization policy, and consistent with the volunteer position described, you may be requesting information from public and private sources.
2. I am entitled to know the source of the information gathered, requested through ADP Screening and Selection Services.
3. I acknowledge that a telephonic facsimile (FAX) or a photographic copy shall be as valid as the original. In some rare cases, the Volunteer Administrator of City Union Mission may accept a copy of this release authorization delivered as an email attachment. The attachment will include my typed name on the signature line, and the body of the email will include a message giving authorization to run a background report.
4. I hereby authorize, without reservation, any law enforcement agency, institution, service bureau, school, employer, reference or Insurance Company contacted by ADP Screening and Selection Service or its agent to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. **It is confidential, will not be used for any other purposes, and is well secured.**

I hereby release this organization and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of the above-mentioned information or reports.

➤ _____
Please print your full name

➤ _____
Please print other names you have used

➤ _____
Home Address

➤ _____
City State Zip Code

➤ _____
Social Security Number

➤ _____
Date of Birth

➤ List counties of residency for the last seven years. (county, state)

Signature Today's Date