



APPLICANT'S Disclosure & Consent for RELEASE OF INFORMATION CIS VOLUNTEERS AND APPLICANTS ONLY

For Volunteer use:
I wish to volunteer at: _____ **Volunteer as:** _____

APPLICANT INFORMATION (Please print legibly <u>beneath</u> each area)			
Applicant's Name: (First Middle Last)		Current Street Address:	
Other Name(s) Used: (Maiden) (AKA)	Current City:	State:	Zip:
Social Security No:	Former Address:		
Date of Birth:	City:	State:	Zip:
Email Address: (OPTIONAL - a copy of this report will be sent)	Place of Birth: (City, State, Country)		

Gender: Male _____ Female _____ Driver's License No. _____ State: _____

Have you ever been convicted of a misdemeanor or felony, or do you have any criminal charges pending? YES NO

If yes, please explain: _____

DISCLOSURE: This disclosure and consent for release of information has been provided to you for Communities In Schools of Brunswick County (CIS) to request a background investigation in connection with your application for volunteering/employment at any location with CIS.

CIS may now, or at any time while you are volunteering/employed; verify information within the application, resume, as applicable, contact for employment or notice of employment. The background investigations may include but are not limited to: driving records, employment references, personal references, any educational and licensing information and any criminal record information pertaining to you which may be in the files of any federal, state, or local criminal justice agency in North Carolina or any other state. The results of this verification process will be used to determine volunteering/employment eligibility. Except as may be required by law, all results will be kept CONFIDENTIAL and the information obtained will not be provided to any parties other than to appropriate personnel associated with CIS, and S2Verify LLC (S2Verify) , the company providing the background information service.

Your signature below indicates that you have carefully read and understand that a background investigative report regarding you may be requested and reviewed for volunteering/employment purposes, including any future decisions concerning your volunteering/employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT

I have carefully read and understand this disclosure and consent form, and by my signature consent to the release of investigative background reports, as defined above in conjunction with my application for volunteering/employment. I further understand that this consent will apply during the course of my volunteering/employment, should I obtain such, and that such consent will remain in effect during my volunteering/employment with CIS. I further understand that any and all information contained in my job application, or otherwise disclosed to CIS by me may be utilized for the purpose of obtaining the background investigations requested by CIS, and I confirm that all such information is true and correct.

I, the undersigned volunteer/applicant, do hereby certify that the information provided by me for the purpose of volunteering/employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements made by me will be considered as a cause for possible dismissal.

I authorize CIS and S2Verify and any of their agents/designated company personnel, to disclose orally and in writing the results of the background investigations to authorized representatives. I do hereby agree to forever release and discharge CIS, the CIS Board of Directors, S2Verify and their associates, and of each of their respective agents, employees, and former employees to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. I CONSENT FOR A COPY OF THIS FORM TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

Signature _____ **Date:** _____