

Background Check Authorization

As an applicant for volunteering at Puget Sound Christian Clinic (PSCC) you will be subject to a background check, which may include information about your character, general reputation, personal characteristics, and driving record. This report may be obtained at any time after receipt of your authorization and, if you become a volunteer, on a periodic basis throughout your association with PSCC.

By signing this form, you waive any claim you may have or which may arise due to the use of such information for a background records check purpose only. This waiver does not include any claim for damages resulting from any intentional or grossly negligent release of your confidential information by PSCC or its employees.

By signing this form, I acknowledge that I voluntarily submit to background checks.

Name: (print)

First: _____ Middle _____

Last _____

Other names used: _____

Race: _____ Gender: M F

Date of Birth: _____ State of Birth: _____

I direct that this information be used (a) only for the purpose of obtaining a background records check as part of my application for volunteering, and (b) periodically thereafter as I continue to volunteer at PSCC. No other release of my confidential information may be made without my further consent.

Signature: _____ Date: _____