



**Background Verification Release Form**

**AGENCY INFORMATION**

Date	Agency Name
Contact Name	
Agency's Main Phone Number	Agency's Fax Number

**APPLICANT INFORMATION:**

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

I hereby authorize VERIFIY and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIY and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)

# MY POSSIBILITIES

Volunteer Application



APPLICANT INFORMATION					
Last Name:		First:		M.I.:	Date:
Street Address:				Apartment/Unit #	
City		State		ZIP	
Phone #:		Cell #:		Is it OK to text you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
E-mail Address:					
Would you like to be added to My Possibilities' communication emails? Yes <input type="checkbox"/> No <input type="checkbox"/>					
EMERGENCY CONTACT INFORMATION					
Name:			Relationship:		
Phone:					
HOW DID YOU HEAR ABOUT US?					
EXPERIENCE WORKING WITH INDIVIDUALS WITH COGNITIVE DISABILITIES? YES <input type="checkbox"/> NO <input type="checkbox"/>					
IF YES, PLEASE EXPLAIN?					
REFERENCES					
Please provide <b>two</b> references that are familiar with your academic, professional, or volunteer service. Do not list relatives.					
<u>Name:</u>		<u>Relationship:</u>		<u>City/State:</u>	
<u>Name:</u>		<u>Relationship:</u>		<u>City/State:</u>	
AVAILABILITY AND ASSIGNMENT REQUEST					
Date available to start volunteering:					
Special skills or other languages spoken?					
PLEASE MARK THE DAYS AND TIMES THAT YOU ARE AVAILABLE TO VOLUNTEER					
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Weekends <input type="checkbox"/>
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

# MY POSSIBILITIES

## Volunteer Application



<b>PLEASE CHECK ALL AREAS OF INTEREST</b>	
<input type="checkbox"/> Lunchroom Support: 10:45 am – 12:30 pm	
<input type="checkbox"/> Special Events: HIPster Relay, Annual Community Ball, HIPster Golf Classic and other community events	
<input type="checkbox"/> Clerical Support: Filing <input type="checkbox"/> Computer Work <input type="checkbox"/> Front Desk <input type="checkbox"/>	
<input type="checkbox"/> Friday Socials (Quarterly)	
<input type="checkbox"/> Culinary Arts Program	
<input type="checkbox"/> Community Based Instructions	
<b>CRIMINAL HISTORY INFORMATION</b>	
<i>There is no time limit on the questions regarding our criminal history. Thus, you must include information on all convictions, pleas, and alternative adjudications that have occurred during your lifetime. If you are uncertain of the date or how a criminal offense is classified, state the approximate date, your understanding of the criminal classification, and note that you are unsure of any more specific information.</i>	
Have you ever pled guilty to or been convicted of any criminal offense (misdemeanor or felony) other than parking tickets?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever pled nolo contendere (no contest) to any criminal offense (misdemeanor or felony) other than parking tickets?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Specifically, have you ever pled guilty to, or been convicted of any sexual or physical offense (misdemeanor or felony)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted, pled guilty or nolo contendere (no contest), or received disciplinary non-judicial punishment under the Uniform Code of Military Justice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever received any form of alternative sentencing program (including, with limitation, probation, deferred adjudication, or pre-trial diversion) for any criminal offense (misdemeanor or felony)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered "yes" to any of the above questions, provide complete information on all of the applicable criminal offense(s), date(s), location(s) – (city and state), and disposition:	
<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all matters contained in this application or data pertinent to my volunteering. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal. I understand and agree that in the performance of voluntary services I am not a My Possibilities employee and shall have no rights to wages or benefits and no promise, expressed or implied, of consideration for future employment. I agree to indemnify and hold My Possibilities, its employees and contractors, harmless from any and all liability for any injury that may be suffered arising out of or in any way connected with my participation in this program. I also agree to grant full permission to My Possibilities to use my name an any photographs, videography, motion pictures, or recordings for any purpose whatsoever without any obligation, liability, or compensation to me.	
Signature: _____	Date: _____
<input type="checkbox"/> I am under the age of 18 (Must be at least 16 years of age to volunteer in the program) Birthdate: _____	
Signature of Parent/Legal Guardian if applicant is under 18: _____	
Printed Name of Parent/Legal Guardian: _____	