

**Authorization For Release of Information  
For new or current volunteers, required to continue service**

<b>Name</b> (Last, Full First, MI, & Maiden Name, if applicable)	<b>BIRTHDATE:</b> (MM/DD/YY)
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**Provide home addresses for the past three years, most recent first:**

Street, Apt #	City	State	Zip	County

**TELEPHONE:** (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Email address:** \_\_\_\_\_

I understand that my continued service with the Ulster Project Arlington is conditional, pending the satisfactory completion of a:

Criminal background investigation

I authorize Ulster Project Arlington to conduct a criminal background check and abuse registry check for the purpose of my continued service as a volunteer.

I hereby authorize law enforcement agencies, administrators, state agencies and other public or private entities which may possess the above mentioned information to furnish such information to the Ulster Project or its agent.

I further acknowledge that telephone facsimile (FAX) or photographic copy of this release authorization shall be as valid as the original.

I hereby release the Ulster Project, its agents, and all persons providing information or reports about me, from any and all liability arising of the request for or release of any of the above mentioned information or reports.

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

**For Ulster Project Use Only**

**The following has been completed and its results are satisfactory:**

**Criminal Background Check**

Verification Source: \_\_\_\_\_ Date of Verification: \_\_\_\_\_

Person performing Verification: \_\_\_\_\_ Signature \_\_\_\_\_

Comments/results: \_\_\_\_\_

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**Yes to any question requires complete details below**

**PERSONAL INFORMATION**

1. Have you or anyone in your family, ever been charged with or convicted of a crime other than a minor traffic violation? YES \_\_\_\_\_ NO \_\_\_\_\_
  
2. Have you, or anyone in your family, ever been the subject of an investigation involving an allegation of sexual abuse? YES \_\_\_\_\_ NO \_\_\_\_\_
  
3. Has a civil or criminal complaint ever been filed against you, or anyone in your family, alleging physical or sexual abuse? YES \_\_\_\_\_ NO \_\_\_\_\_
  
4. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? YES \_\_\_\_\_ NO \_\_\_\_\_
  
5. Have you, or anyone in your family, ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES \_\_\_\_\_ NO \_\_\_\_\_