

NOTICE OF BACKGROUND CHECK
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING BELOW]
BACKGROUND CHECK AUTHORIZATION / RELEASE FORM

I hereby authorize Eco-Community Shelter® and its designated agent or representative to conduct a comprehensive review of my background causing an investigative consumer report to be generated for membership purposes.

Note: Conducting a Social Security Trace does not access the subject's credit history nor affects the subject's credit score or credit rating.

Please note that by signing below you are authorizing and instructing an immediate criminal background and driving record reports from a third party (utilizing a Social Security Number trace) as deemed necessary and appropriate. Moreover, you are allowing reports from a third party on an ongoing basis without any additional notice for as long as you are a member.

AUTHORIZATION AND INSTRUCTION

I acknowledge receipt of the NOTICE OF BACKGROUND CHECK and certify that I have read and understand that notice. I hereby authorize and instruct Eco-Community Shelter® to obtain criminal background and/or driving record reports from a third party (utilizing a Social Security Number trace) as deemed necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement as a volunteer member. Accordingly, you may obtain additional criminal background and/or driving record reports from a third party on an ongoing basis throughout my association with your organization without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records and not credit history) requested by Backgroundchecks.com, another outside organization acting on your behalf. I agree that a facsimile ("fax") or photographic copy of this Authorization and Instruction shall be as valid as the original.

Please Include a Legible Photo Copy of your Driver's License Attached to this document.

Print Name _____

Social Security Number _____

Signature _____

Driver's License # & State _____

Date _____

Date of Birth _____

For Office Use Only: Status _____ Authorized by _____