

City of Florence

Volunteer Applicant Background Release Form

Please Read Carefully

Please PRINT legibly in INK and SIGN form. Do not leave any lines blank.

Last Name		First Name		Middle Name	
Prev. Legal Name(s)					
Street Address			City/State/Zip		
Phone Number			Date of Birth		
Driver License #		State		Expires	

Please list the states and/or countries you have lived in since you turned 18. If you were convicted of a crime as an adult or pled guilty to a crime as an adult when you were under the age of 18, please list the state(s) in which that conviction/those convictions occurred.

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BY MY SIGNATURE BELOW I AUTHORIZE City of Florence to complete a background check. This authorization is valid for purposes of verifying information given in connection with an application for volunteer work with City of Florence.

BY MY SIGNATURE BELOW I AUTHORIZE all corporations, current employers, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons, to release the following (check all that you are authorizing):

- Employment References
- Personal References
- Educational Degrees
- Professional Certifications or Licenses
- Driving Record
- Criminal Background
- Character References

This authorization shall be valid in original or copy form. This authorization is valid until 1 year from the signed date below.

Signature: _____ **Date:** _____