



VOLUNTEER RELEASE AUTHORIZATION

APPLICANT – PLEASE RETURN THIS FORM DIRECTLY TO THE HUMAN RESOURCES DEPT. (City Complex, 710 E. Railroad Avenue, Fort Morgan; M-F; 8 am–5 pm)

I wish to volunteer in the _____ Dept. at the City.

Print Name: _____ (First Name) (FULL Middle Name) (Last Name)

Former Name(s) Used: _____

Current Address: _____ (Street) (City) (State/Zip)

Previous Address: _____ (Street) (City) (State/Zip)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Email Address: _____

Driver's License State & Number: _____

Parental Consent is required for volunteers under the age of 18.

The information contained in this authorization is correct to the best of my knowledge. I hereby authorize the City of Fort Morgan and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the City of Fort Morgan or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

The City of Fort Morgan and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Notice to California, Minnesota, and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested