

Authorization & Consent for the Release of Information

Because Friends of the Family, Inc. deals with social problems of a very serious nature, we are ethically obligated to screen all applicants thoroughly to ensure staff and volunteers are appropriate for the agency's mission. This requires asking for information of a personal nature. Please understand the reasons for this and be assured that any information received from this background check will be kept strictly confidential.

I hereby give my permission for Friends of the Family, Inc. to obtain information relating to my background and criminal history record through the Texas Department of Public Safety Crime Records Service and/or Asset Control, Inc.

I authorize persons, schools, current and former employers, and other organizations and agencies to provide information that may be requested as deemed necessary to fulfill the job requirements with regards to my motor vehicle records, social security records, and any criminal history record information pertaining to me. I hereby release all of the persons and agencies providing such information of any and all claims and damages connected with the release and reporting of any requested information.

I do for myself, my heirs, executors and administrators, hereby release, and forever discharge, indemnify, and defend Friends of the Family, Inc. and each of their officers, directors, employees, and agents harmless to the full extent permitted by law from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees in connection with my application to become a volunteer/staff member.

All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representative of Friends of the Family, Inc. I have read and understand this *Authorization and Consent for Release*, and I authorize the background verification.

Full Name (First Middle and Last): _____

Address: _____

City: _____ State: _____ Zip code: _____

If you have lived at this address less than 2 years, please list previous addresses at the bottom of this page.

Date of birth: _____

Driver's license and state: _____

Other names used and dates:

Signature: _____ Date: _____