



CONSUMER REPORT DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION FOR VOLUNTEER POSITION

I authorize Worthington Libraries (hereafter referred to as the Library) or any of its agents to conduct a criminal background check in order to process my Volunteer Application.

I understand that the Library reserves the right to conduct criminal background checks at anytime throughout volunteer assignments.

The Library has disclosed to me that it may procure and may take into consideration the results of a consumer report as part of its background investigative process. I have been informed that the Library is utilizing the services of Employment Screening Associates (ESA), a consumer reporting agency, to obtain a consumer report. I understand that the Library cannot guarantee the accuracy of any information reported to it by third parties.

I also authorize the Library to procure and use as part of its background investigation the results of such a consumer report at anytime throughout volunteer assignments. These reports are retained in an online archive or on file (separate from volunteer files).

I forever release and discharge the Library, any consumer reporting agency, and their respective employees and agents, from all liability for any claims, damages, and losses arising out of gathering and reporting information.

I certify that I have not knowingly withheld any information provided and that all is true and correct to the best of my knowledge.

My signature below signifies my authorization for these above mentioned items and my receipt of this disclosure.

PRINT NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE, STATE-ISSUED ID CARD OR PASSPORT:

Last First Middle

Applicant Signature Date

Signature required of parent or guardian if applicant is a minor.

Parent/Guardian Date



Law enforcement agencies and other entities, for positive identification purpose, require the following information when checking public records. This information will not be used for any other purposes. Please print clearly and use blue or black ink only.

DATE OF BIRTH: _____ MM/DD/YYYY	SOCIAL SECURITY #: _____
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Other names you have used or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS.

CURRENT ADDRESS:

STREET	APT #	CITY	STATE	ZIP CODE
From: _____		To: _____		
Month/Year		Month/Year		

FORMER ADDRESS:

STREET	APT #	CITY	STATE	ZIP CODE
From: _____		To: _____		
Month/Year		Month/Year		

FORMER ADDRESS:

STREET	APT #	CITY	STATE	ZIP CODE
From: _____		To: _____		
Month/Year		Month/Year		

FORMER ADDRESS:

STREET	APT #	CITY	STATE	ZIP CODE
From: _____		To: _____		
Month/Year		Month/Year		

FORMER ADDRESS:

STREET	APT #	CITY	STATE	ZIP CODE
From: _____		To: _____		
Month/Year		Month/Year		