

PRE-VOLUNTEER DISCLOSURE
The Arc of Fort Bend County – Volunteer Background Check Form

AUTHORIZATION AND RELEASE

I understand that **The Arc of Fort Bend County**, Intellicorp. Ltd. or other authorized third parties will be conducting a criminal background check in connection with my application to volunteer for **The Arc of Fort Bend County**.

I understand that **The Arc of Fort Bend County** may rely on all or any part of this information in determining whether to grant my request to volunteer for this organization. I further understand that if any adverse action is taken by **The Arc of Fort Bend County** based on any of this information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that **The Arc of Fort Bend County** or its representatives will conduct a background check as part of the pre-volunteer requirement, in order to evaluate the suitability of an applicant for volunteer work and is not conducted for any other purpose other than in connection with an application to volunteer for **The Arc of Fort Bend County**. I understand that the information supplied by me shall be used solely for the purpose of obtaining information, validating or verifying information received, as a part of the check.

I, the undersigned applicant for volunteer work, have read this Pre-volunteer Disclosure and by signing below, hereby authorize **The Arc of Fort Bend County**, its representatives, agents and authorized third parties, including Intellicorp, to conduct a background check, as described herein, in conjunction with my application for volunteer work and hereby release said parties from any and all liabilities related to the use, procurement or disclosure of any information provided by me or obtained about me in connection with my application to volunteer and a background check that will be performed. I further direct and authorized such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to **The Arc of Fort Bend County**, Intellicorp or their representatives and agents, in connection with this authorization and release. I voluntarily provide my date of birth in order to obtain, and verify records obtained, in the background check.

Signature _____ Date _____

Printed Name _____

*** THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS ***

Current Address: _____

Maiden Name/ _____
Prior Name _____

Social Security Number _____ DOB _____

DL # _____ DL State _____ Exp. Date _____