

Authorization: Volunteer Background Investigation



Please mail, fax or scan-and-email this authorization form to Volunteer Coordinator, PENCIL Foundation.
Address: 421 Great Circle Road, Nashville TN 37228. Fax: 615-254-6748. Email: nbaker@pencilfd.org
Questions? Contact PENCIL at 615-242-3167, ext. 231.

PLEASE PRINT IN BLACK OR BLUE INK

I will be volunteering in (list school/s):

Last Name **First Name** **Middle**

Current Address **City** **State/Zip**

Date of Birth **Soc. Security No. (REQUIRED)**

Best Phone Contact **Email Address**

Please list other names/s used within the last seven years (e.g. maiden or other married names) and year/s of name change.

Please list your residential addresses for the past seven years (write on back if additional space is needed)

1. Street **City** **State/Zip**

From (month and year) **Until (month and year)**

2. Street **City** **State/Zip**

From (month and year) **Until (month and year)**

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last seven years? Yes No

Are you currently charged or under investigation for any violation of the law other than minor traffic violations? Yes No

Authorization and General Release

I hereby authorize PENCIL Foundation, any or all of its subsidiaries and affiliates and any employee or agent, including Fowlers' Profile Links, Inc., to request and receive any information and records concerning me, including but not limited to, criminal record history, and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, and other entities. I further release and discharge PENCIL Foundation and any or all of its subsidiaries and affiliates, and every employee or agent including Fowlers' Profile Links, Inc. and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s). I understand that I have the right to make a written request within a reasonable period of time to Fowlers' Profile Links, Inc. for a complete and accurate disclosure of additional information concerning the nature and scope of the Investigation. I acknowledge that I have voluntarily provided the above information for the purpose of registering with PENCIL Foundation as an MNPS volunteer, and I have carefully read and I understand this authorization.

NOTICE: Fowlers' Profile Links, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Fowlers' Profile Link's, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Signature **Date**
