



Background Verification Release Form For Volunteers & Field Trip Drivers

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City		State	Zip Code
		County	
Cell Phone Number	Date of Birth	Driver's License Number	State Issued
Name, Grade Level & Teacher of Student(s)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize TEXAS DEPARTMENT OF PUBLIC SAFETY and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History and Driving Record.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge TEXAS DEPARTMENT OF PUBLIC SAFETY and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to Texas Department of Public Safety for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE AND PROOF OF AUTO INSURANCE