

CERTIFICATION FOR RELEASE OF INFORMATION

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You must sign this application. Please read the following carefully before you sign.

I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service.

I understand any information I give may be investigated, as allowed by Law or Presidential Order.

I consent to the release of information about my ability and fitness as a volunteer by employers, schools law enforcement agencies and other individuals and organizations to investigators making inquiries on behalf of the Bureau of Prisons.

I consent to the release of my name to be used by the Department of Justice and the Bureau of Prisons for awards and/or written articles related to my service as a volunteer. I understand that some of these award and/or articles in official publications may be placed on the Department of Justice and/or the Bureau of Prisons Internet web site.

I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

I understand as a volunteer I will not receive any financial reimbursement or compensation from the Federal Bureau of Prisons for my services, time or expense.

Signature	Date
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