

Madonna's Center routinely conducts a criminal background check on all prospective volunteers prior to his/her placement in a position which would allow direct contact with confidential information, operational funds, program participants and/or their children.

Please provide the following information in order to determine your suitability for volunteer service within our nonprofit organization.

AUTHORIZATION TO RELEASE INFORMATION

| I, | | |
|--|--|--|
| First Name | Middle Name | Last Name |
| Current Address | | Phone Number |
| Addresses for the Past Seven Y | ears: (include street, city, state | e, zip code) |
| | | |
| | | |
| | | |
| | | |
| Other Names Used (also include a maiden na | ame used in last 2 years) | |
| Social Security Number | | Date of Birth |
| from liability on account of such disclosures | d agent of Madonna's Center to be deemed to be privileged or control of the deemed to be privileged or control of the control | o obtain, whether the said records are public confidential in nature and I release all persons is Authorization will be used exclusively action which will be considered in determining and complete answers and statements on in any interview in the knowledge that it is authorize without reservation, any interview in the knowledge that it is authorized without reservation. |
| of all information in its files on me at the tin any reports on me which Madonna's Center I understand and agree that any omission, fa | ne of my request, including so has previously furnished withi lse statement, misleading state | in the two year period preceding my request. |
| X Applicant Signature | | Date |
| | | |