

ROTARY BACKGROUND INQUIRY AUTHORIZATION RELEASE

In accordance with Rotary District 5390's <u>Guidelines Regarding Abuse and Harassment</u>, we are requesting a background check of all Rotarians, their families, and non-Rotarian volunteers who come into solitary or unsupervised contact with youth or other vulnerable persons. Please read the form below carefully and return it to your Club Risk Management Officer as soon as needed. (If you have already had a background check in the past year, please let your RMO know.)

In connection with my application for volunteering, I understand and agree that background inquires may be requested by you or on your behalf that will seek information as to my character. I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my criminal record and other past experiences. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name	First		Middle		
Volunteer's Signature (Provide initials submitted electronically):	f Date of E	Date of Birth:			
Social Security Number	Sex: M	□ F□			
Former Names and time frames (if app	licable)				
Current Address	City/State	Zip & Cou	nty Dates (Dates (Month & Year)	
Previous Address (if less than two years in current address)					
*Charge to Rotary Club:		ost Family		Date	

^{*}Clubs will be billed by the District. This release is good for three years from the date above. The results of background (Match or no match) will be sent to the club's protection officer. All information is kept confidential.