

Volunteer Authorization and Disclosure

As a camping and retreating facility, we value our staff, volunteers, the safety of our children in our care and the people whom we serve. In order to help safeguard those in our care, Windsor Hills has joined National Screening Bureau in conducting criminal background history checks on the volunteers and employees who have unsupervised contact with a child, the elderly or persons with disabilities.

Please complete this form of basic information about you, which assures the best possible program and safety for all. Information obtained will be handled in a confidential manner. Results of this report are stored off site in a locked storage cabinet. Access is restricted to the Executive Director and the office assistant.

PLEASE PRINT CLEARLY

Last Name	First Name	Middle Name	Other names used
Home address	City	State	Zip
Previous address <small>If less than seven years at above</small>	City	State	Zip
Phone, with area code	Sex M F	Birth Date MM/DD/YYYY	Social Security # Driver's License #
**NOTE: Date of birth, sex and race are only for purposes of identification in obtaining accurate retrieval of records		Race	State of Driver's Lic.

Authorization: I understand that investigative inquiries on my background are to be made on me, to assess whether any reasons exists that would suggest that I not be accepted for the position. If I am approved for volunteer service this background check authorization will be kept on file and maybe used at any time during my service to procure further information.

These inquiries will be made according to the policies of Windsor Hills and will consist of, but not be limited to ID verification, criminal history background check and/or driving record check using the services of the National Screening Bureau. The information received will be kept confidential and will be used only to determine my suitability to volunteer for the above noted position.

I understand that I will have an opportunity to review the report and a procedure is available for clarification, if I dispute the record as received. (Contact Executive Director)

I authorize without reservation, any party contacted to furnish and or all of the above mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for the purposes of conducting the necessary investigation.

The above is true and correct to the best of my knowledge.

Signature _____ Date _____

National Screening Bureau –1-877-263-4405 – www.natsb.com

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