



Volunteer Criminal History & Driving Record Check Authorization

CONSENT FOR CRIMINAL HISTORY AND/OR DRIVING RECORD CHECKS AND AUTHORIZATION FOR RELEASE OF INFORMATION AND RELEASE AND WAIVER OF CLAIMS

I, _____, hereby consent to an investigation into my
Please Print Name and include middle name or initial

_____ Criminal Record History _____ Driving Record History

which is to be conducted by and on behalf of **Southern Maine Agency on Aging** (hereinafter the "Company"). Due to the Department of Health & Human Services mandate I understand that the Company will use this information in determining whether to unconditionally offer me a volunteer opportunity with SMAA. I understand that the Company may use the services of a contractor for the purposes of obtaining this information and I expressly authorize this type of action.

I hereby authorize the Company, its agents, and/or employees to furnish to a contractor (in the event one is used for this purpose), and state and federal agencies (such as the State Bureau of Investigation and appropriate licensing bureaus) and other information sources, personal identifying information about me including but not limited to my name, date of birth, and such other information as may be required. Similarly, I authorize the contractor (in the event one is used) to furnish the same information to the same sources.

Because I understand that this information is essential for a full evaluation of my application to become a volunteer with the Company under the Department of Health & Human Services mandate, by my signature, I hereby release the Company, its agents and/or employees, and the contractor, of and from any and all claims and liabilities, of any kind whatsoever, arising out of their actions associated with obtaining, providing and evaluating this information.

I expressly authorize all such agencies and information sources that possess information concerning my Criminal Record History and/or Driving Record History to disclose such information to the contractor and/or the Company.

***Signature**

____/____/____
***Date**

***My date of birth is:** ____/____/____

***Other Names Used:** _____

***Social Security Number:** _____

***Physical Address:** _____

***Phone:** _____

***My driver's license number is:** _____

***State where issued:** _____

Send form to Volunteer Services, Southern Maine Agency on Aging, Sam L. Cohen Center, 30 Barra Rd, Biddeford, ME 04005

If, as a result of the background report, you are denied a volunteer opportunity, you may request to review the report for accuracy.

***Required Information**