VOLUNTEER APPLICANT'S REQUEST/WAIVER TO RELEASE INFORMATION

I, _____,
Full Name

_____, _____, _____,
Date of Birth **SSN** **OH Driver's License Number & Expiration Date**

presently residing at _____, have applied for a volunteer

position as _____ through the City of Oakwood. I hereby authorize the City of Oakwood, its authorized representatives, and any agency or organization conducting a background investigation on behalf of the City to obtain and review information concerning my background that is reasonably related to my volunteer service.

I authorize persons, agencies, organizations, educational institutions, employers, law enforcement agencies, and other entities having information concerning me to release such information to the City of Oakwood or its authorized representative for the purpose of evaluating my eligibility and suitability for volunteer service.

I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms, and corporations from all claims of any nature, as a result of said communication or disclosure.

Information to be disclosed:

Criminal history and records
Sex offender registry information
Driving record
Any available information relevant to determining suitability for the volunteer position

I certify that all details of the personal data I have provided are true, accurate, and complete to the best of my knowledge.

_____ _____
Signature of Applicant Waiving Rights to Information Date

If Volunteer is under 18 years of age, Parent/Guardian Signature is required.

_____ _____ _____
Name of Parent/Guardian Signature Date