

**Arlington-Mansfield Area YMCA
 CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK**



AGENCY INFORMATION

Date	Agency Name Arlington-Mansfield Area YMCA		
Contact Name Pamela Young			
Agency's Main Telephone Number 817-299-9629		Agency's Fax Number 817-764-5588	
Circle the YMCA you will be participating with below: Cooper Street Central North		Position you want to volunteer/apply for:	

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used	
Current Address			List Previous Address	
City	State	Zip Code	County	
Social Security Number	Date of Birth	Driver's License Number (Must Present)	State Issued	
Position Applied For				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

****Copy of Photo ID must be attached to consent form for processing****

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, **may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile.** I understand that this **information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization.** I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. **I also understand that the criminal history could contain information presumed to be expunged.**

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

 Applicant's Signature

 Date

 Applicant's Printed Name

 Parent/Guardian's Signature (if under 18 years of age)

For Human Resources Use ONLY:

APPROVED _____ DECLINED _____ Date CBC Processed _____