

**COMPLETE THIS FORM ONLY IF YOU DID
NOT VOLUNTEER LAST YEAR**

**To ensure the integrity of the Volunteer Income Tax Assistance (VITA) program,
a background check is required for each volunteer, and will be performed at
NO COST to the volunteer. Please complete and sign below, and upload on the CCAV Website.
Thank you for your cooperation!**

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**BACKGROUND VERIFICATION RELEASE /
AUTHORIZATION / WAIVER / INDEMNITY**

I hereby give my permission to the Coalition of Community Assistance Volunteers, Inc. ("CCAV") to obtain background information through VERIFYI and/or its Service Provider. 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 a volunteer or employee position with this organization. I also understand that as long as I remain a volunteer or employee 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 am voluntarily providing the information below for volunteer or employment purposes, that I have carefully read and understand this authorization, and that I sign this form voluntarily. **This form may be accepted as an original if received by facsimile or email.**

Applicant's Signature

Date

Gender: ___ Male ___ Female

Applicant's Printed Name (First/Last/MI)

Date of Birth

Social Security # (required)

Race: ___ African American ___ American Indian ___ Anglo ___ Asian ___ Hispanic ___ Other

Please list maiden name or any other name(s) used:

Please complete the Background Check Form, make sure to submit this with your Volunteer Commitment Form.