

AUTHORIZATION FOR BACKGROUND SCREENING

Last Name	First Name	Middle Name	Suffix (Jr., Sr., III., etc.)
Other Names You Have Used (including maiden names) – Please include the date(s) your name(s) changed			
Current Street Address			How long have you lived here?
City	County	State	Zip
Previous Street Address			How long did you live there?
City	County	State	Zip
Please list the city/county/state of your previous residences and the dates of residence for the past ten (10) years:			
Date of Birth	Driver's License or State Identification Card #	Social Security Number	
Have you ever been convicted of a crime (other than minor traffic offenses)?		If yes, please indicate the date of conviction <i>and</i> city/state of jurisdiction:	
Yes No			
If yes, please explain charges (use an additional sheet of paper if necessary):			

I hereby authorize the Cornerstone Chrysalis Community and its directors or agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of obtaining a volunteer position, which may involve the supervision of minors. I hereby release the Cornerstone Chrysalis Community, its directors, agents, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, and responsibilities with regards to the information obtained from any and all of the reference sources used.

I certify that the above documented information is true and complete. I understand that any false or incomplete information may be cause for exclusion from Cornerstone Chrysalis Community events and activities. I understand that the information I provide will be kept confidential according to the terms set forth in the Phase I Background Screening Policy adopted by the Board of Directors of the Channel Islands Chrysalis Community.

Print Full Legal Name

Date

Signature