

AUTHORIZATION FORM FOR BACKGROUND CHECK
INVESTIGATE, VOLUNTEER HAMPTON ROADS

If you are 18 years of age or older a background check is required to volunteer at the Norfolk Public Library.

Please fax or submit this form with your volunteer application if you are 18+.

FULL NAME _____
FIRST LAST MI

OTHER NAMES USED (Including maiden/married names) FOR PAST SEVEN YEARS
_____/_____/_____

SOCIAL SECURITY # _____ - _____ - _____ D.O.B _____ / _____ / _____
MO. DAY YR.

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

List the all of the cities (to include the state) you have lived in the past 7 years:

_____/_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____/_____

HOME PHONE # () _____ CELL# () _____

I, _____ (full name) release my personal information to Investigate, Volunteer Hampton Roads for the purpose of a background screen for Norfolk Public Library/City of Norfolk volunteer purposes, which is a part of the application process. I understand a criminal history background report may include, but are not limited to, employment and education verifications, personal references; personal interviews; and driving record. I release all persons or entities from liability from any alleged damage that may result from furnishing accurate information. I do hereby give consent use of any information provided during the application process in performing the background report.

I confirm that all information is true and accurate. I authorize without reservation the full release of these records to Investigate, Volunteer Hampton Roads and/or its agents. I further authorize the results of my background screen to be released to the Norfolk Public Library/City of Norfolk. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. If any information proves to be incorrect or incomplete, I understand that grounds for canceling of any and all offers of volunteerism will exist and may be used at the discretion of the agency.

Print Name Signature Date

FOR OFFICE USE ONLY

Volunteer Coordinator: Amanda Lloyd Office Phone: (757) 664-7328 ext. 320
E Mail: amanda.lloyd@norfolk.gov Office Fax : (757) 441-5869
Service Ordered: Criminal History Check Preformed [] Date _____

Investigate, Volunteer Hampton Roads
400 West Olney Road
Norfolk, VA 23507
Phone: 757-624-2400
www.volunteerhr.org

