**BOYS & GIRLS CLUBS OF WICHITA FALLS**

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK**

**AUTHORIZATION/WAIVER/INDEMNITY**

I hereby give my permission in exchange for good and valuable consideration for the Boys & Girls Clubs of Wichita Falls to obtain information relating to my criminal history record.

I understand that this information will be used, in part, to determine my eligibility for an employment or volunteer position with this organization. I also understand that as long as I remain an employee or volunteer with the Boys & Girls Clubs of Wichita Falls, the criminal history records check may be repeated at any time.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify and defend the Boys & Girls Clubs of Wichita Falls and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for the negligence, gross negligence, and/or strict liability of the Boys & Girls Clubs of Wichita Falls), and any and all related attorneys fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee of the Boys & Girls Clubs of Wichita Falls.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name or Other Names Used

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Present Address How long?

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City State Zip

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Former Address How long?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

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Date of Birth Social Security Number Driver’s License Number State of DL

Gender: Male Female Ethnicity: Caucasian African American Hispanic Asian Native American Other

(Please Circle) (Please Circle)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date