

## Volunteer Criminal Background Check Consent Form

LAST NAME		FIRST NAME	
CURRENT ADDRESS (NO PO BOXES)			
CITY	STATE	ZIP	DATE OF BIRTH (MM/DD/YYYY)
Select ONE Option:			
<input type="checkbox"/> I wish to have OC Community Resources staff apply on my behalf for background check.		SOCIAL SECURITY NUMBER (XXX-XX-XXXX)	
<input type="checkbox"/> I wish to personally submit my information for background check.		EMAIL ADDRESS	

### BACKGROUND SCREENING CONSENT

I, \_\_\_\_\_, authorize and give consent to The County of Orange, CA ("County") to obtain information regarding myself. This includes the following:

- Local & National criminal background records and information
- All 50 Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. By signing this document, I am providing the County my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with OC Community Resources or the County of Orange.

SIGNATURE	DATE

### VOLUNTEER GUIDELINES AND PROVISIONS

As a County of Orange volunteer, I understand that I am not an employee of the County of Orange, I am not covered by Workers' Compensation or the County's Memorandum of Understanding, and that my volunteer agreement may be cancelled at any time. I understand that only pre-authorized mileage or out-of-pocket expenses will be considered for reimbursement, and that if I use my personal vehicle for any County business, I must maintain insurance as required by law.

The County of Orange and its officers, employees and agents shall not be held liable for any death, injury or property damage claims arising from volunteer work. If any claim arises out of the foregoing, the volunteer shall defend, indemnify and hold harmless the County of Orange and its officers, employees and agents from same.

I hereby certify that all statements contained on this application are true to the best of my knowledge, and that by signing this agreement, I understand and agree to the above volunteer guidelines and provisions.

SIGNATURE	DATE
SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18)	DATE