The McDowell Agency, Inc.
1714 University Avenue West
St. Paul, MN 55104
Telephone: (651) 644-3880 Toll Free: (877) 644-3880 Fax: (651) 644-3877

Volunteer Form - Release of Information

PLEASE PRINT LEGIBILY

Legal Name: _____ _____ _____
First *Middle* *Last*

Date of Birth: _____/_____/_____ Gender: M / F Social Security Number: _____-_____-_____

Driver's License Number: _____ State Issued: _____

Please list all addresses for the past seven years (attach additional sheets if necessary):

_____ _____ _____ _____ _____ _____
Current Home Address: *Street* *Apt* *City* *County* *State* *Zip Code*

_____ _____ _____ _____ _____ _____
Past Home Address: *Street* *Apt* *City* *County* *State* *Zip Code*

_____ _____ _____ _____ _____ _____
Past Home Address: *Street* *Apt* *City* *County* *State* *Zip Code*

_____ _____ _____ _____ _____ _____
Past Home Address: *Street* *Apt* *City* *County* *State* *Zip Code*

List any other names you have used (attach additional sheets if necessary):

_____ _____-_____ _____ _____
Name *Dates Used* *City* *State*

_____ _____-_____ _____ _____
Name *Dates Used* *City* *State*

Have you ever been convicted of a crime? Yes / No If yes, please complete the section below.

_____ _____ _____ _____ _____
Date *Offense* *City* *County* *State*

_____ _____ _____ _____ _____
Date *Offense* *City* *County* *State*

(Attach additional sheets if necessary)

I authorize all persons, schools, companies, corporations, state agencies, federal agencies, and law enforcement agencies to release information without restriction or qualification to Chapel Hill Academy or The McDowell Agency, Inc. I hereby release Chapel Hill Academy and The McDowell Agency, Inc. from any liability arising from the preparation of this report or investigation relating thereto to the extent permitted by law. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form or any application form, may be grounds for refusal to enlist my services and negate any present or future volunteer or employment possibilities with this organization. Furthermore, I understand that any offer that has been made to me for the use of my volunteer services with Chapel Hill Academy is contingent upon full disclosure of requested information and subject to personal reference checks. I understand that the results of said background check may disqualify me from volunteering at Chapel Hill Academy and that any offer I have received is contingent upon this report and may be rescinded at any time as a result of findings deemed essential by Chapel Hill Academy. I understand that this release is valid for the duration of my service at and that Chapel Hill Academy or The McDowell Agency, Inc. (at the request of Chapel Hill Academy) may choose to investigate my background at any time during the term of my service.

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original.

_____ _____
Signed *Date*