Consent For Criminal Background History Check
Authorization/Waiver/Indemnity

Name:		Social Security #:	
Street Address:		City: State:	Zip:
Driver's License #:	Issuing State:	Phone:	Birthday:

Other names by which you have been known (if any):_____
Note: Include maiden name or names that were changed for other reasons.

I hereby give my permission for _____ to obtain information relating to my criminal history record through Smith Osburn Cross. The criminal history record, as received from the reporting agencies, may include juvenile offenses, arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, that the criminal history records check may be repeated at any time. I understand that Smith Osburn Cross will report a "yes" or "no" as to the presence of any criminal history. Smith Osburn Cross will not report details of any criminal history obtained.

I, the undersigned, do, for myself, my heirs, executors and administrators hereby remiss, release, and forever discharge and agree to indemnify _____, Smith Osburn Cross, and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes of action, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever (including claims for the negligence, gross negligence, and/or strict liability), and any and all related Attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

_____
Applicant's Signature Date

_____
Please Print Name

_____
Parent/Guardian's Signature
(For Applicants under 18 years of age)