

AUTHORIZATION FOR BACKGROUND SCREENING

| | | | |
|---|---|--|-------------------------------|
| Last Name | First Name | Middle Name | Suffix (Jr., Sr., III., etc.) |
| Other Names You Have Used (including maiden names) – Please include the date(s) your name(s) changed | | | |
| Current Street Address | | | How long have you lived here? |
| City | County | State | Zip |
| Previous Street Address | | | How long did you live there? |
| City | County | State | Zip |
| Please list the city/county/state of your previous residences and the dates of residence for the past ten (10) years: | | | |
| Date of Birth | Driver's License or State Identification Card # | Social Security Number | |
| Have you ever been convicted of a crime (other than minor traffic offenses)? | | If yes, please indicate the date of conviction and city/state of jurisdiction: | |
| Yes No | | | |
| If yes, please explain charges (use an additional sheet of paper if necessary): | | | |

I hereby authorize the Cornerstone Chrysalis Community and its directors or agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of obtaining a volunteer position, which may involve the supervision of minors. I hereby release the Cornerstone Chrysalis Community, its directors, agents, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, and responsibilities with regards to the information obtained from any and all of the reference sources used.

I certify that the above documented information is true and complete. I understand that any false or incomplete information may be cause for exclusion from Cornerstone Chrysalis Community events and activities. I understand that the information I provide will be kept confidential according to the terms set forth in the Phase I Background Screening Policy adopted by the Board of Directors of the Channel Islands Chrysalis Community.

_____ _____
 Full Legal Name (Please Print) Signature

 Date