



### Authorization for Background Check

***This form authorizes The Buffalo Trace CASA Program, Inc. to obtain background information and must be completed by the applicant. The Buffalo Trace CASA Program, Inc. will keep the completed form on file for use in processing a periodic background check for any applicant actively volunteering with or employed by The Buffalo Trace CASA Program, Inc. at its discretion. I will notify The Buffalo Trace CASA Program, Inc. of any changes to my personal information as they occur throughout my employment and/or volunteer work with the organization and I understand that I may be required to submit a new authorization form when that occurs.***

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name(s) and/or Aliases: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DLN: \_\_\_\_\_  
(State) (Number)

Current Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

List all addresses for the past seven (7) years if different from your current address, beginning with the most recent. Use a separate piece of paper if necessary.

Previous Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Previous Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

I, \_\_\_\_\_ hereby authorize The Buffalo Trace CASA Program, Inc. to  
(Print Name)

process a record check with national criminal records, the sex offender registry, the child abuse registry/child protective services, the adult protection registry, and a social security number verification check. I understand that The Buffalo Trace CASA Program, Inc. will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside agencies of the organization's choice.

I understand that this information may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with The Buffalo Trace CASA Program, Inc. I further understand that this form will be valid at any time after receipt of this authorization to permit The Buffalo Trace CASA Program, Inc. to conduct regular background checks throughout my volunteer service or employment.

I understand that I may withhold my permission to submit to a background screening and that in such a case, no screening will be done, and I will no longer be considered a candidate for employment/volunteering with The Buffalo Trace CASA Program, Inc. In the event that I am asked to submit to additional background screenings after my initial onboarding and I decline, I understand I may be terminated and/or relieved of my position with The Buffalo Trace CASA Program, Inc.

I release The Buffalo Trace CASA Program, Inc. and/or its agents, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to The Buffalo Trace CASA Program, Inc., if such is made within a reasonable time from the date it was produced.

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Signature

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Date