



**The Arc of Carroll County
Criminal Background Check Authorization Form**

I hereby authorize The Arc of Carroll County or other authorized representatives of The Arc bearing this release, or copy thereof, to obtain any information pertaining to my criminal history. I hereby direct you to release such information upon request of The Arc of Carroll County or other authorized representatives of The Arc.

I hereby fully release and discharge The Arc or other authorized representatives of The Arc, their respective affiliates, employees, agents, attorneys, and any individual organization, entity, agency or other source providing information to The Arc from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I understand that I do not have to consent to this background check, however refusal to do so may exclude me from consideration for certain types of volunteer opportunities.

Please provide a minimum of 7 years of residential history below

Name: _____ Other/Alias: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____

Current Address: _____ City/State/Zip _____

County: _____ Dates from: _____ To: _____

Previous Address: _____ City/State/Zip _____

County: _____ Dates from: _____ To: _____

Previous Address: _____ City/State/Zip _____

County: _____ Dates from: _____ To: _____

Signature: _____ Date: _____

All volunteers and interns over the age of 18 must successfully complete a criminal background check prior to beginning any work at The Arc of Carroll County.