



VOLUNTEER AUTHORIZATION FORM TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current Address (include street, city, state, zip code) Years of Residence

Addresses during the Past Seven Years (if current address is less than 7 years): Dates of Residence:
(include street, city, state, zip code)

____/____/____
Date of Birth Other Names Used (including maiden name) Years Used

____ - ____ - ____
Social Security Number

I do hereby authorize IntelliCorp Records, Inc to verify all information on this form and to obtain a criminal history background check, whether the said records are public or private. I release all persons from liability on account of such disclosures. The Information appearing on this Authorization form will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the release of information which will be considered in determining suitability for volunteering. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any party or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my volunteer work to the extent permitted by law.

I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of my volunteer application and my discharge from my volunteer position/work.

Printed Name Applicant Signature Date

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