



## Volunteer Release and Indemnity Agreement

The undersigned releases and agrees to indemnify The Heard Natural Science Museum & Wildlife Sanctuary, Inc., its officers, directors, employees, agents and representatives, of and from any and all rights, claims, demands and causes of action whatsoever kind and nature.

The undersigned has read the above and agrees that in no event will The Heard Natural Science Museum & Wildlife Sanctuary, Inc. be held liable for any injuries, accidents, or losses suffered by myself while participating in volunteer service and they are hereby released there from.

This agreement may not be modified orally or in writing by any individual.

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Volunteer Signature Date

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Please Print Name

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Parent/Guardian Signature if Volunteer is Under 18 Date

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Parent/Guardian Please Print Name

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Address

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City State Zip

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Telephone Number

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E-mail



## Background Verification Release Form

### AGENCY INFORMATION

Date	Agency Name		
Contact Name			
Agency's Main Phone Number		Agency's Fax Number	

### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize veriFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Credit History including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. 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, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge veriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)