MUSKEGON RESCUE MISSION

Background Check Release Form

It is standard practice for the Muskegon Rescue Mission to conduct routine background checks on all volunteers who will be working with children, Ministering in Chapel services, driving MRM vehicles, transporting guests, or handling money. The information you provide herein will be held in the strictest of confidence and used only for its intended purpose.

Although furnishing your Social Security Number and Drivers License Number is not optional in this circumstance, know it shall be used for NO other purpose than to make the process for conducting a background search more accurate. They shall NOT be sold, or IN ANY WAY transferred to a third party except for the express purpose of conducting this background check.

Full Legal Name: _____
First Initial Last

Alias or Other Name (maiden name, etc.): _____

Current Address: _____

_____

Social Security No.: _____ Date of Birth: _____

Drivers License No.: _____ Issuing State: _____

State(s) of residence other than Michigan for the last five (5) years: _____

_____

Please read this statement before signing and dating this form:

I have read this Muskegon Rescue Mission Volunteer Disclosure and by signing below, hereby authorize a background check as described herein in conjunction with my application for volunteer duties. I hereby release any and all investigators, including MRM, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with MRM. I further direct and authorize investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the related information, to disclose such information to investigators in connection with this background check.

Signature: _____ Date: _____