

CBMM Volunteer Background Check Authorization 2017

A copy of a valid, government-issued photo identification must be attached to this application.

As a condition of volunteering, I give permission for CBMM to procure background checks on me now and as long as I continue to be active with CBMM. CBMM has contracted with Employment Background Investigations, Inc. (EBI), PO Box 629, Owings Mills, MD 21117, 1-800-324-7700. The background investigation will include social security number verification, a review of sex offender registries, child abuse, and criminal history records. The reports will **not** include a credit record check unless applicable to the position. A motor vehicle record check will be required if the position involves driving CBMM motor vehicles, boats, or equipment. I understand my acceptance as a volunteer is conditional upon CBMM receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability CBMM, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I understand that, regardless of previous appointments, CBMM is not obligated to appoint me to a new volunteer position. If appointed, I understand that, I am subject to suspension by the President and removal by the Board of Directors for violation of CBMM policies or principles.

Applicant's Legal Name (please print or type) _____

Previous/Maiden Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ Date of Birth: _____ Gender: M/F _____

Home Phone: _____ Cell Phone: _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor? Y/N _____

If yes, describe in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

Y/N _____ If yes, describe in full: _____

The preceding information is True and Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only.

Applicant Signature _____ Date _____

BY SUBMITTING THIS APPLICATION YOU ARE AUTHORIZING CBMM TO PROCURE A CRIMINAL BACKGROUND CHECK OF YOURSELF. THE RESULTING REPORT WILL INCLUDE INFORMATION RELATING TO MY CRIMINAL HISTORY AS RECEIVED FROM REPORTING AGENCIES. YOU WILL HAVE AN OPPORTUNITY TO REVIEW AND CHALLENGE ANY ADVERSE INFORMATION DISCLOSED BY THE CHECK. THE REPORT WILL BE CONFIDENTIAL AND RETAINED BY EBI FOR A PERIOD OF SIX YEARS. FOR COMPLETE DETAILS PERTAINING TO EBI'S PRIVACY PRACTICES, PLEASE REVIEW THEIR POLICY AT: WWW.EBIINC.COM/PRIVACY-POLICY.HTML

CBMM Use Only:

Background check completed by: _____ on: _____