

Date:	Approved:	_ Denied:
Volunteer and Vi	sitor Confidential Background Check	Consent Form
visitors at any of their properties or o	ckground checks of all individuals seeking during representation of the Haus of Peasuch background check. All information in	ce. The information provided
Name: (Full Legal Name) Last Nam	ne, First Name, Middle Name:	
List any other names used: (includ	le nicknames, maiden names, or any o	other first or last names used):
Date of Birth:	Driver's License Numb	oer:
Criminal Background Have you ever pled guilty or no conte (other than minor traffic violations)? If yes, please explain:	est to, or been convicted of a felony, misNoYes	sdemeanor, or ordinance violation
Are there any current criminal charge	e or investigation pending against you in	any state?NoYes

Revised: Mar 13, 2023

CERTIFICATION STATEMENT: (Read carefully before signing) All information provided above is true and
correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for
rejection or may be cause for subsequent dismissal as a volunteer or visitor of the HOP of Extension. I
voluntarily and knowingly authorize any government agency, its officers, employees and agents to release any
and all information regarding my criminal history to the Haus of Peace. I voluntarily and knowingly fully release
and discharge, absolve, indemnify and hold harmless such agency, its officers and agents from any and all
claims, liability, demands, causes of action, damages or costs, including attorneys' fees, present or future,
whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.

Signature of Volunteer/Visitor:	
Will you be a Volunteer or a Visitor (if visitor, for whom)?	

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