



## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_,  
LAST NAME FIRST NAME MIDDLE NAME SUFFIX (Jr., Sr., II, III, etc.)

hereby authorize **College Bound** and/or its agents to make an independent investigation of my background for the purposes of my volunteering with **College Bound**. I understand that **College Bound's** investigation may include investigating criminal or police records, including those maintained by both public and private organizations, as well as allegations regarding and convictions for crimes against minors. I also understand that the information obtained through **College Bound's** investigation is for the purpose of confirming the information provided in my Application, which may be material to my qualifications to volunteer with **College Bound**.

I understand that **College Bound** may conduct background checks on returning volunteers once every two years. Should my volunteer service with **College Bound** extend beyond two years, I authorize **College Bound** to complete subsequent background checks as necessary for the duration of my service as a volunteer.

I release **College Bound** and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. I attest to the truthfulness of the representations I have made in my application and on this consent form.

I understand that I will be given an opportunity to challenge the accuracy of any information that appears to implicate me in criminal activity. I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact the agency if I wish to challenge any such information. I further understand that until **College Bound** receives notification from that agency clearing me, my application may be deferred.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR POSITIVE IDENTIFICATION TO CHECK PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

\_\_\_\_\_  
Signature Today's Date

\_\_\_\_\_  
Printed Name PARTNER/MENTOR  
Position Applied For

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number      \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth      \_\_\_\_\_  
Driver's License #      State

Other names you have also used or are known as: \_\_\_\_\_

### PLEASE PROVIDE RESIDENTIAL HISTORY FOR THE PAST 5 YEARS

**Current Address:** \_\_\_\_\_/\_\_\_\_\_  
Street Apt. # City State Zip From/ To?

**Former Address:** \_\_\_\_\_/\_\_\_\_\_  
Street Apt. # City State Zip From/ To?

**Former Address:** \_\_\_\_\_/\_\_\_\_\_  
Street Apt. # City State Zip From/ To?

**Former Address:** \_\_\_\_\_/\_\_\_\_\_  
Street Apt. # City State Zip From/ To?



**BACKGROUND & REFERENCE INFORMATION**

Have you ever been convicted of a felony? YES NO

If *Yes*, please give the date and describe the circumstances. \_\_\_\_\_

\_\_\_\_\_

*Directions: Please list and provide information for one personal and one professional reference.*

**Personal** Reference Name \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to you \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

Email Address \_\_\_\_\_

**Professional** Reference Name \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to you \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

Email Address \_\_\_\_\_

**The information provided in this application is true and correct to the best of my knowledge.**

Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*COMPLETION/SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE\*\***