
His Hope Haven Volunteer Background Check Authorization

Print Name:(first, middle, last) _____

Former Name(s) and Dates Used _____

Current Address Since: (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: (Mo/Yr) (Street) (City) (Zip/State)

Social Security Number:_____

Drivers License Number/State:_____

Date of Birth:_____ Telephone Number:_____

The information contained in this application is correct to the best of my knowledge. I hereby authorize His Hope Haven and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to His Hope Haven or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release His Hope Haven, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature:_____

Date:_____

His Hope Haven Volunteer Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability executed on this _____ day of _____, 20 ____, by _____ (the "Volunteer") in favor of His Hope Haven of North Caroline Clergy Association, a Maryland nonprofit corporation, their directors, officers, employees, and agents.

The Volunteer desires to work as a volunteer for His Hope Haven and engage in the activities related to being a volunteer. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **RELEASE AND WAIVER.** Volunteer does hereby release and forever discharge and hold harmless His Hope Haven and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from volunteer's activities with His Hope Haven.

Volunteer understands that this Release discharges His Hope Haven from any liability or claim that the volunteer may have against His Hope Haven with respect to any bodily injury, personal injury, illness, death, or property damage that may result from volunteer's activities with His Hope Haven, whether caused by the negligence of His Hope Haven or its officers, directors, employees, or agents or otherwise. Volunteer also understands that His Hope Haven does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. **MEDICAL TREATMENT.** Volunteer does hereby release and forever discharge His Hope Haven from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with His Hope Haven.

3. **INSURANCE.** The Volunteer understands that, except as otherwise agreed to by His Hope Haven in writing, His Hope Haven does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

4. **PHOTOGRAPHIC RELEASE.** Volunteer does hereby grant and convey unto His Hope Haven all right, title, and interest in any and all photographic images and video or audio recordings made by His Hope Haven during the Volunteer's Activities with His Hope Haven, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

5. **OTHER.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that this Release shall be governed by and

interpreted in accordance with the laws of the State of Maryland Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Printed Name: _____

Volunteer Signature: _____

E-mail: _____

Phone: _____

Address: _____

Church: _____

Witness Name/ Position: _____

Witness Signature: _____