



DC Transitional Services Inc.  
Crisis Intervention & Referrals

## Criminal Background Check

### RELEASE FORM

I hereby give my consent to DCTS Inc. Agency to perform a criminal records check as required for the volunteer/employee/internship position for which I have applied. I understand that I do not have to agree to this records check, but that my refusal may exclude me from consideration for DCTS Inc. programs "positions of trust" that include the roles of staffing exhibits, making group presentations, counseling, and handling complex issues and referrals. I understand that Davidson County Transitional Services Inc. will limit the information it collects to that needed to determine my suitability for particular types of volunteer/employee/internship work, that it will keep all such information confidential if they make a decision to accept me as a volunteer only and maintain confidential records if I am accepted as an employee or intern. (A Volunteer or internship position does not require DCTS keep SS numbers.) These will be blacken out or removed once background check is completed.

Full Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Other Former Names (list all, if applicable) \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # / Issuing state \_\_\_\_\_

Permission to Conduct Background Check  YES  NO

Applicant's name: \_\_\_\_\_

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

(Keep for Files)