



Criminal Background Check

RELEASE FORM

I hereby give my consent to DCTS Inc. Agency to perform criminal records checks 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 the DCTS Inc. program's "positions of trust" which 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 what is needed to determine my suitability for types of volunteer/employee/internship work and that it will keep all such information confidential if the agency decides 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 to keep SS numbers.) These will be blacked out or removed once the background check is completed.

Permission to Conduct Background Check ☐ YES ☐ NO

Applicant's name: _____

Full Name

Maiden Name (if applicable) _____

Other Former Names (list all, if applicable) _____

Birth Date _____

Social Security # _____ - _____ - _____

Signature: _____ Date: _____

(Keep for Files)