



Acknowledgement and Authority to Release Information

To Whom It May Concern:

I hereby authorize a representative of the Children's Advocacy Center (CAC) to conduct an investigation on my background in order to determine compatibility with a volunteer position.

I authorize any law enforcement agency to conduct a criminal records check and to release the results to the director of the CAC. This background check may include the Child Abuse Central Registry.

All information received is for official use of the CAC.

I also declare that all information submitted in my application to the CAC is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me for consideration or result in termination if already acting in a volunteer role with the organization.

Full Name _____

Maiden Name / Alias _____

Social Security Number _____

Drivers License Number _____

Date of Birth _____

Signature and Date _____