



## GROUP APPLICATION

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

### Confidentiality Statement

I agree not to disclose any information that is given by S.T.A.N.D. I further agree not to reveal any information to anyone. I agree to maintain all confidential information obtained during my volunteer service once I have left.

**Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## S.T.A.N.D BACKGROUND RELEASE FORM

In connection with my application for a volunteer position, I understand that investigative reports which may contain public record information may be requested or made on me including, criminal records, driving record, education, prior employer verification, workers compensation claims and others. Further, I understand that you will be requesting information from various Federal, State, Local or other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this volunteer placement to furnish the above-mentioned information. I have the right to make a request for Applicant Background Checks, upon proper identification and the payment of authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my volunteer placement.

I hereby consent to your obtaining the information from CIC and/or any of their licensed agents. I understand to aid in the proper identification of my file or records the following information, as well as other information is necessary. I also consent to your providing information received from CIC and/or other agents or sources, as well as my testing/screening results for potential volunteer placement purposes.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FOR IDENTIFICATION PURPOSES

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Former Names: \_\_\_\_\_

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

\*\*\*\*\* S.T.A.N.D does not perform credit checks. Thank You\*\*\*\*\*