



Volunteer Information/Disclosure Release

Please submit completed form to Louise@ciscapefear.org

Call 910-343-1901 with questions

The purpose of this agreement is to inform you that as part of our procedures for processing your volunteer application, an outside agency will complete an investigative report and present it to us for review. The report will include criminal background and sex offender searches, including via the Federal Sex Offender Registry. By signing this document you are authorizing CIS Cape Fear to initiate such checks, and releasing any and all persons, companies, agencies, or others from liability resulting from your background investigations.

Applicant Signature _____ **Date** _____

Last Name	First Name	Middle Name	Maiden Name
Social Security Number	Date of Birth	Sex	Race
Have you ever gone by a different name?		If yes, please list	
Email Address		Phone Number	

Permanent Address – Last 5 Years

Mo/Yrs	Street Address	City	State, Zip
Mo/Yrs	Street Address	City	State, Zip
Mo/Yrs	Street Address	City	State, Zip