



**Volunteer Information/Disclosure Release**

*Please submit completed form to [Louise@ciscapefear.org](mailto: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** \_\_\_\_\_

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

**Permanent Address – Last 5 Years**

<b>Mo/Yrs</b>	<b>Street Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Mo/Yrs</b>	<b>Street Address</b>	<b>City</b>	<b>State, Zip</b>
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