

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby authorize the Director of Erie County Victim Assistance Program or her Designee to perform a check of my background, including but not limited to:

- Criminal Record
- Driving Record
- Past Employment/Volunteer History
- Educational/Professional Status
- Personal references
- Child Support Enforcement Agency

and other persons as appropriate for the volunteer jobs in which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential as permitted by law.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

First Name _____ Last Name _____

Middle Initial _____ Maiden Name _____

Date of Birth _____