Therapeutic Equestrian Center Criminal Background Check Release Form

(Only for Applicants 18 years of age and older. Please Print Clearly.)

Name: _____
First Middle Last

Maiden Name and/or Alias:_____

Date of Birth: _____ Race: _____ Gender: M F

Telephone #:_____ Cell Phone: _____

Email:_____

Current Street Address:_____

City: _____ State:_____ Zip Code:_____

Please List All States in Which You Have Lived in the Past 5 Years:_____

Have you been convicted of any crime in the past 10 years? Yes No
If Yes, please explain: _____

_____

STATEMENTS THAT APPEAR BELOW APPLY ONLY TO APPLICANTS 18 YEARS OF AGE AND OLDER In connection with my application for volunteering (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences**. I acknowledge that certain offenses, which include but are not limited to violent crimes, sex offenses, crimes against children, and drug or alcohol offenses found in these inquiries may result in me being ineligible to volunteer.** I authorize without reservation, any party or agency contacted by TEC to furnish the above mentioned information. I hereby consent to TEC obtaining the above information. I understand to aid in the proper identification of my file or records, the following information, as well as other information, is necessary.

_____ _____
Volunteer Applicant Signature Date