

AUTHORIZATION TO RELEASE INFORMATION
VOLUNTEER

I understand that this document, signed by me, authorizes Columbia County, or its representative, to investigate my employment records, criminal records, juvenile records, and any other records necessary to determine related qualifications for a volunteer position within Columbia County. I further understand that this document, should I become a volunteer for Columbia County, authorizes the County to investigate such records at any time during my tenure.

Any recipient of a copy of this signed document is hereby authorized and indemnified to divulge information concerning my character, criminal history, education and employment records. I hereby release you, your organization, and others from any and all liability or damage which may arise from furnishing the information requested and as outlined herein. I understand and agree that any information released to Columbia County is done so in strictest confidence and shall not be released to me even if I am rejected for volunteer service.

Signature: _____

Printed name: _____

Date: _____

Social Security No.: _____

Driver's License No.: _____ /State _____

Birth Date: _____

(required for criminal background check)