

HOBY Annual Background Check Form for Volunteers

Applicant Release Authorization



In accordance with the Child Protection Policy of Hugh O'Brian Youth Leadership (HOBY), all volunteers 18 years and older who will have repetitive access or contact with Ambassadors, or who will sit on the local affiliate corporate board must complete this form and agree to an background check annually. Background checks for individuals accepted to the positions of Regional Project Director (RPD) and Corporation President (CP) will be conducted by HOBY International; background checks on all other volunteers will be conducted by the Corporation President of the local affiliate HOBY corporate board.

The information provided on this form is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Hugh O'Brian Youth Leadership (HOBY) or its background check service provider or agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request. I understand that, regardless of previous appointments, HOBY is not obligated to appoint me to a volunteer position. If appointed, I understand that violation of HOBY policies or principles could be subject to my suspension or removal by HOBY staff.

PERSONAL INFORMATION (PLEASE PRINT)

(Please Print) HOBY STATE/SITE HOBY VOLUNTEER POSITION

LAST NAME FIRST NAME MIDDLE INITIAL (REQUIRED)

OTHER LEGAL NAMES YOU HAVE USED, INCLUDING MAIDEN NAME(S)

HOME ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH

HOME PHONE BUSINESS PHONE CELL PHONE

E-MAIL ADDRESS

OCCUPATION/TITLE COMPANY/EMPLOYER'S NAME

NUMBER OF YEARS WITH HOBY HOBY ALUMNI YEAR (IF APPLICABLE)

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE.

SIGNATURE OF APPLICANT NAME OF APPLICANT (PLEASE PRINT) DATE

