

To ensure the integrity of the Volunteer Income Tax Assistance (VITA) program, a criminal background check of all new and returning CCAV volunteers is required, and will be performed at NO COST to volunteers.

Please complete and sign below, and return to CCAV by fax (765-5828) or by mail. Thank you for your cooperation!

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK
AUTHORIZATION / WAIVER / INDEMNITY**

I hereby give my permission to the Coalition of Community Assistance Volunteers, Inc. ("CCAV") to obtain information relating to my criminal history record through the VOLUNTEER CENTER OF LUBBOCK. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with CCAV. I also understand that as long as I am a CCAV volunteer, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by CCAV, and a procedure is available for clarification if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the VOLUNTEER CENTER OF LUBBOCK and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of the VOLUNTEER CENTER OF LUBBOCK) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AFFIDAVIT, WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY. A facsimile of this form may be accepted as an original.

Volunteer's Signature

Date

Volunteer's Printed Name

Date of Birth

Please list maiden name or any other name(s) used _____
