



Volunteer Background Check Waiver

Name: _____

Date: _____

In order to create a healthy and positive environment and ensure the safety of our students and clients, EMBARC requires a Criminal History and Child Abuse background check through the Iowa Department of Human Services. EMBARC reserves the right to dismiss volunteers based on the information obtained. All information below is required.

Last Name: _____

Maiden Name or Alias (if applicable): _____

Middle Initial: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Date of Birth (mm/dd/yyyy): ____/____/____

Gender: _____

By signing my name and dating this authorization, I authorize EMBARC to process my application for serving as a volunteer by conducting a background check. I hereby release EMBARC, its employees, representatives, and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

I hereby confirm the accuracy of the information provided above, and grant EMBARC permission to do a background check as EMBARC deems necessary.

Signature: _____

Date: _____

V.12.01.2014