



Background Check

Authorization:

As part of our procedure for determining your eligibility to volunteer or work with Girls on the Run® (or to continue to be a volunteer or employee), we may obtain and consider criminal records, credit reports, driving records, consumer reports and other background checks regarding you. Since we may use consumer reporting agencies to provide Girls on the Run such reports, we are providing you this notice and authorization form in order to comply with the Fair Credit Reporting Act in those cases when the Act applies.

Authorization to Conduct and Consider Background Checks

I hereby authorize Carolina Connections, Inc., Girls on the Run, and its agents to conduct a comprehensive review of my background causing a consumer report, MVR, criminal history, and other reports as deemed necessary by Girls on the Run. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; drug screening; and all other public documents required. I further authorize any individual company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to Carolina Connections, Inc. for Girls on the run and its agents. I also understand that this authorization, in original or copy form, authorizes Girls on the Run to obtain and consider such reports regarding me at any time when considering my potential or continued involvement with Girls on the Run, both now and in the future.

I hereby release Carolina Connections Inc., and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

Certification of Information Submitted to Girls on the Run

I acknowledge that I have read the information contained on this form carefully. I also certify that all of the information provided by me on the attached data sheets is true and complete to the best of my knowledge. I further understand that any omission of fact or false or misleading information given on the attached data sheets may result in the termination of my employment / engagement / volunteer status at Girls on the Run, as applicable.

General Release

I hereby release Girls on the Run and its officers, directors, employees and other agents, and all other persons, employers, businesses, schools, consumer information agencies, records search firms and other entities, of and from any and all potential liability arising from inquiries by employment / engagement / volunteer status at Girls on the Run and its agents concerning the background checks described above and/or the compilation or use of such information and reports regarding me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Date: _____

Signature: _____

Print Name: _____



Background Check Authorization

Data

Please complete the following for proper identification purposes:

Full Name: _____
Last First Middle

Maiden/Other: _____ **Dates Used:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:**** _____

Driver's License Number: _____ **State:** _____ **Expiration:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **County:** _____

How long have you lived at your current address? _____

Please list all other cities, counties and states in which you have lived within the past 10 years. Attach another page if necessary.

Address, City, State, Zip	County	Dates
Address, City, State, Zip	County	Dates
Address, City, State, Zip	County	Dates

List any and all other names or Social Security Numbers that you have used and the years changed.

Please list any felony or misdemeanor criminal convictions, guilty pleas or pleas of nolo contendere/no contest, deferred prosecutions, prayers for judgment, or pending charges (excluding minor traffic violations; **note:** offenses such as DUI/DWI, vehicular manslaughter, and reckless driving are not minor traffic violations and must be listed). Provide dates, courts of jurisdiction, counties/parishes and states. Attach another page if necessary.

If you are seeking a position or hold a position that involves driving on behalf of Girls On The Run, please list any felony or misdemeanor criminal investigations, charges, arrests, indictments, convictions, guilty pleas, pleas of nolo contendere/no contest, deferred prosecutions, or prayers for judgment involving the operation or ownership of a motor vehicle, including offenses such as DUI/DWI, vehicular manslaughter, reckless driving, speeding AND minor moving or non-moving traffic violations. Provide dates, courts of jurisdiction, counties/parishes and states. Attach another page if necessary.

** Note: Information regarding your date of birth is being obtained for purposes of your background check only.

Date: _____ Signature: _____

Print Name: _____

MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

_____ YES, I am a Minnesota resident and would like a free copy of my consumer report.

_____ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

_____ YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name: _____

Street Address: _____

City, State, Zip: _____

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