

BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize **The Vine Homeschooling Co-op** or its agent **Active Screening** to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, and criminal records. I also authorize previous employers and any references provided by me or ascertained by investigation to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I also understand I may be required to take a drug test before or during volunteering.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: _____

SSN: _____ - _____ - _____ DOB: _____

*SSN & DOB are only used for identification purposes in screening inquiries

Other Names or SSN Used: _____

Current Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email address: _____

*Phone & Email will only be used by the Vine HSC if further information is required to complete your report.

Driver's License #: _____ State: _____

LIST ALL ADDRESSES FOR THE PAST 7 YEARS: ☐ (check here if more listed on reverse)

Street Address	City	State	Zip	DATES:		
					from	to
_____	_____	_____	_____	_____	_____	_____

Street Address	City	State	Zip	DATES:		
					from	to
_____	_____	_____	_____	_____	_____	_____

MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, and disposition on reverse. Convictions are considered based upon the type of offense, the date, and whether the circumstances are relevant to consideration of membership.

Signature: _____

DATE: _____