



Consent for Background Check

Before you sign this consent, please read it carefully:

I, _____, agree and consent to allow Big Brothers Big Sisters of Northwestern Michigan to obtain any federal, state or local criminal records, public and non-public information, all records relating to my motor vehicle driving history and any other social or legal history including any records in the possession of a federal, state or local social services agency, public or private, that may provide information regarding my qualifications to be a member of their organization.

I also agree to waive any and all claims that such information is privileged or confidential but only to the extent that such information be used to determine my qualifications to be a member of the organization and for no other purpose. Any dissemination or publication of the information obtained, either written or oral, for any reason or purpose beyond that to which I have agreed is not authorized and any legal rights or remedies for any injury or harm that occurs to me will be available to me. I agree to hold harmless and to take no action, legal or otherwise, of any kind or description, against any public or private law enforcement agency or any other public or private agency, any of their agents, servants or employees who release information in the same form or manner that would otherwise be allowed by law and in reliance on this consent to the organization.

Any records that are received by the organization may be shared with me by the organization so that I may have an opportunity to clarify, explain or otherwise defend my record and any actions that may have occurred which are revealed by the information obtained by the investigation. However, Big Brothers Big Sisters of Northwestern Michigan is under no obligation to consider such reasons or defense.

I have read the above and understand it's meaning. I freely and voluntarily agree to sign this consent form with the understanding that some or all of the information may not necessarily be available to the organization without this consent. I also understand that I may be giving up some legal rights and privileges that I may have.

Your signature on this document must be witnessed, but does not need to be notarized.

Name _____

Address _____ City _____ State _____ Zip _____

Signature of applicant _____ Date _____

Witness name _____

Witness signature _____ Date _____

NOTE: If you are an applicant under the age of 18, the witness signature must be from your parent.