



200 W 3rd Street, Alton, IL 62002
(618) 465-9850 ext 212
FAX (618) 465-9851
www.Riverbender.com/CommunityCenter

CONFIDENTIAL
BACKGROUND CHECK AUTHORIZATION

PRINT Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address Since:

(mm/yyyy) (Street) (City) (State/Zip)

Previous Address From:

(mm/yyyy) (Street) (City) (State/Zip)

Previous Address From:

(mm/yyyy) (Street) (City) (State/Zip)

Social Security Number Date of Birth (mm/dd/yyyy)

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Primary Phone Number Alternate Phone Number

Driver's License Number State of Issuance

The information contained in this application is correct to the best of my knowledge. I hereby authorize Riverbender.com Community Center (RBCC) and its designated agents and representatives to conduct a comprehensive review of my background to be generated for employment and/or volunteer purposes. I understand that the scope of the investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further acknowledge that I am aware that I have certain rights under the Fair Credit Reporting Act, and I knowingly and intelligently waive these rights freely and without reservation.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to RBCC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release RBCC, the Social Security Administration, and its agents, officials, representative, 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 to release.

Signature of Volunteer _____ **Date** _____