 **Background Check Disclosure and Release Form for UNIVERSITY VOLUNTEERS  
(Please Print or Type Legibly)**

**TO BE COMPLETED BY CANDIDATE:** Background checks will be used only to evaluate volunteers and will not be used to discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, or national origin, political affiliation, genetic information, or age. **Candidates who are less than 18 years of age should complete and execute this form, as well has have their parents and or guardians review and consent to their screening.**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Department** |  | |
| **Volunteer** |  | |

Do you currently or have you ever worked for UNCG?  Yes  No

If “**Yes**”, are/were you:  SPA Permanent/Temporary  EPA Permanent/Temporary  UNCG Student

**Social Security Number Disclosure**: To ensure the security and confidentiality of your information, **we can only accept this document via fax, postal mail or hand delivery**. If you have not been issued a social security number, please indicate “N/A” in the space for the Social Security Number.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Social Security Number | | | | |  | | | | | | | |  | Date of Birth (mm/dd/yyyy) | | | |  | |
| Race | |  | | | | | Gender | | | | | Male | | | | Female | | | |
| Driver’s License Number | | | |  | | | | Expiration Date | | | |  | | | | | State of Issuance | |  |
| Home Phone | | |  | | | Cell Phone | | | |  | | | | | Email | |  | | |
| **Current Address** | | | | | | | | | | | | | | | | | | | |
| Street Number and Name | | | | |  | | | | | | | | | | | | | | |
| City |  | | | | | | | | State | |  | | | | | | Zip Code |  | |

**ADDITIONAL NAMES USED AND/OR ADDRESSES**

Completed this section below if you have:

1. Been known by any other name, including a legal name change, married, alias, surname, family name, etc.

|  |
| --- |
| **List Other Name(s) Used** |
|  |
|  |

2. Lived at your current address less than 7 years, please list all addresses for the past 7 years. **If international, also include country.**

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| --- | --- | --- | --- | --- | --- |
| **Street Number and Name** | **City** | **County** | **State** | **From Date** | **To Date** |
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**Please use a separate sheet of paper for additional address information, if applicable.**

**CONVICTIONS**

**Have you ever been convicted of any unlawful offense other than a minor traffic violation?**  Yes  No **If yes,** list the date(s), county(ies), state(s) and specific crime(s). A criminal record does not necessarily eliminate you from employment with the University. Each conviction will be reviewed with respect to the offense, circumstances, seriousness, and the position for which you apply. However, failure to provide complete and accurate information is considered “falsification,” and your application will be removed from consideration. If falsification occurs and you are currently employed, you may be subject to disciplinary action up to and including termination of employment**. If you are unsure of your conviction history please verity prior to answering.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **County** | **State** | **Conviction** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*California, Minnesota and Oklahoma Residents Only:*I wish to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report that is requested. Yes  No  
 **Authorization to Conduct Background Check**: I hereby certify that all the information I, or my minor child, have/has provided on this Disclosure and Release Form is true and complete. I understand that the submission of my/my child’s Authorization indicates my/my child’s consent to the University’s verification of any information contained in this Authorization. I also understand that Castle Branch, Inc. is the authorized vendor for UNCG to complete the verification process of the information contained in this Authorization. I further understand that my signature authorizes UNCG and Castle Branch, Inc. to complete the authorization for all applicable information regarding me/my child. I understand that by admitting to a conviction for any unlawful offense, I/my child will not be automatically disqualified from consideration for volunteer opportunities. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information may result in rejection of my ability to participate as a volunteer.

By signing this document, I authorize UNCG to procure a background report for me or my child identified as the “Candidate” above, and hereby release the University of North Carolina, UNCG, the State of North Carolina, members of the Board of Trustees, Board of Governors, officers, employees, agents, and representatives from all liability or responsibility for this disclosure. I further authorize any party or agency contacted by UNCG or its agent to furnish background information and hereby release all such parties involved from any liability and responsibility for damages for having furnished such information in good faith.

Signature of Candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian/Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed form via fax, postal mail or hand delivery to the below address.**

HR - Background Check Program

UNC Greensboro

159 Mossman Building

P.O. Box 26170  
Greensboro, NC 27402-6170   
**Fax: 336-334-5585**   
***NOTIFICATION ALERT!***

***DUE TO THE SENSITIVE CONTENTS LISTED ON THIS FORM – PLEASE DO NOT RETURN VIA EMAIL***

**EOE AA/M/F/D/V**