



ALL VOLUNTEERS MUST COMPLETE THIS FORM

**Authorization to Release Information
Including Consent To
Name Based or Fingerprint Background Check**

I, _____, want to volunteer at _____ for _____ within the Billings Public Schools. I authorize release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in §44-5-103(3), MCA**, to the staff of the District and its agents as part of a background check.

I have ___ have not ___ been convicted or adjudicated (A passing of judgment of a court of law or a decision of a judge) of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the background check.

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to provisions of Title 44, Chapter 5, Part 3, MCA.

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in termination of my volunteerism.

This document is effective until revoked in writing by me.

Signature

Date

Witness – Principal of Designee

Date

Print full name _____

Print full address _____

City State Zip Phone

Birth Date _____

Social Security Number _____

