



Washington College
Office of Human Resources
300 Washington Avenue
Chestertown, MD 21620

Telephone: (410) 778.7260
Fax: (410) 778.7254

Volunteer Authorization for Background Check Release of Information

Last Name	First Name	Middle Name
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Address: _____

Social Security Number: _____

Date of Birth: _____

I understand that if Washington College Office of Human Resources offers me a position, Washington College will conduct a background check to be used solely for volunteer - related purposes. I understand that an offer of a volunteer position at Washington College will be contingent on the receipt and evaluation of the background check report. If offered a volunteer position, Washington College will use the information provided in this document along with any additional information necessary to permit a background check. Failure to provide consent or the required information after receipt of a conditional offer of employment will result in the withdrawal of the offer. I understand that if I volunteer at Washington College, my consent will continue to be effective throughout my tenure to the extent permitted by law.

I have carefully read and understand this Background Check Consent Statement and, by my signature below, consent to the release of background check reports to Washington College Office of Human Resources authorized by this Statement. This Background Check Consent Statement in original, faxed, photocopied, or electronic form will be valid for any such reports that Washington College may request.

Applicant's Name Printed: _____

Applicant's Signature: _____

Date: _____