Good Shepherd Center for Homeless Women & Children
Catholic Charities Los Angeles
VOLUNTEER RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by Good Shepherd Center for Homeless Women & Children, a program of Catholic Charities, Los Angeles, that the information described below is required to assist the same in making a determination concerning me as a Volunteer, and that execution of this form is voluntary.

I hereby authorize the Custodian of Records/Director of Human Resources, or an authorized and qualified agent of that office bearing this document or a copy thereof, to obtain information from all previous volunteer assignments, educational institutions, government agencies, to include the Department of Justice and The Youth Authority, companies, corporations, law enforcement agencies or individuals relating to my liability resulting from providing such information. The information received may include, but is not limited to, academic, volunteer performance and associations with clients, attendance, personal history, and/or criminal records.

I understand that the information released is for consideration of my volunteer application, resume, and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officers, Human Resources employees, if authorized representative of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person of the information submitted in my volunteer application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization, and (4) termination of my volunteer services based on information obtained after commencement thereof pursuant to validity of this authorization.

I hereby certify that all statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to my volunteer services, any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for denial of your application, and dismissal as a volunteer for Catholic Charities, Los Angeles.

PLEASE PRINT CLEARLY

_____ _____
Signature of Volunteer Applicant Date

_____ _____
PRINT FULL NAME ADDRESS

_____
CITY, STATE, ZIP CODE

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

_____ _____ _____ _____
DATE OF BIRTH DRIVERS LICENSE # ISSUING STATE SOCIAL SECURITY #

LAST NAME AS IT APPEARS ON YOUR DRIVERS LICENSE_____