

Confidential



Kent County Search and Rescue

Verification and Consent for Reference and Background Check

Name: _____
(Last, First, MI):

Street Address: _____

City, State, Zip: _____

Drivers License Number: _____ Sex: _____ Hgt: _____ Eyes: _____

Social Security Number: _____ DOB: _____

I give Kent County Radio Amateur Civil Emergency Service (KCRACES) permission to inquire into my educational background, references, licenses, police records, employment and/or volunteer history. I also give permission to the holder of any such information to release it to KCRACES.

I hold KCRACES harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above named agency. I understand that KCRACES will use this information only as part of its verification of my volunteer application.

I understand the information obtained will be used as one basis for acceptance or denial of appointment. I hereby discharge, release and indemnify KCRACES, their agents, employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

The authorization granted herein expires one year from the date hereof.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Applicant's signature: _____

Witness: _____

Date: _____

Pass / Fail
Approved by: _____
Date: _____