

Requesting Department

Dept. Name: _____

Contact Name: _____

Phone: _____



HR use only **Form: AP-210.1**

Submitted to OS: _____

Submitted to CPS: _____

Notified Requesting Dept: _____

(Date and Initials)

Volunteer Criminal Background Check Authorization Form

Gloucester County is committed to protecting the welfare and safety of the children in the community.

In connection with my participation as a volunteer with Gloucester County; I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for the purpose of presenting my qualifications as a prospective volunteer. I understand that the nature and scope of this investigation will include a number of sources including: Social Security Number Verification, Address History Trace, Statewide and / or County Criminal Background history, National Criminal History, and National Sex Offender Registry. I agree that I have been provided with and have read a copy of the Summary of Your Rights Under the Fair Credit Reporting Act prepared pursuant to 15 U.S.C. Section 1681-1681u (pages 2 and 3 of this document).

I authorize without reservation any party or agency acting on behalf of OneSource, Inc. to furnish the above-mentioned information. I hereby consent to your obtaining the above information from OneSource, Inc., 12 North Braddock Street, Winchester, VA 22601, 1-888-285-3625. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Signature

Date

PLEASE **PRINT** CLEARLY IN INK

First Name	Middle Name	Last Name	Maiden Name
Other Names Used (First, Middle, Last)			
Current Home Address (Mailing)		City	State
Current Home Address (Physical/911)		City	State
Prior Mailing Addresses (Last 7 Years/Use Back if Needed)		City	State
Social Security #	Date of Birth	Phone Number	
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