

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the County of Ashe to perform, or cause to be performed through a third party agent, a criminal and civil history record information check in connection with my volunteer services during the Covid-19 Pandemic.

Name: Last: _____ First: _____ Middle/Maiden: _____

Please list any previous last names: _____ Sex: _____ Race: _____

Date of Birth: _____ Driver's License # _____

Have you ever been convicted of a crime? Yes No If Yes, list details below:

Have you ever resided or worked outside of North Carolina in the last 10 years? Yes No
If Yes, list the locations lived/worked and the approximate dates you lived/worked there along with the complete address. (Please use the Supplemental Sheet if needed.)

Physical address: _____ Lived Here Worked Here

City: _____ State: _____ Zip _____ Employer: _____

Dates lived and or worked in this location: From: _____ To: _____

Other Volunteer Agencies served with: _____

Why do you want to volunteer? _____

I understand that the County of Ashe, and its officials and employees or any firm they hire to assist in this process shall not be held legally accountable in any way for providing this information to the third party, and I hereby release said third party and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the third party **cannot** provide a **hard copy** of the results of these records checks to me.

Applicant's/Volunteer's Signature: _____ Date: _____

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SUPPLEMENTAL SHEET**

Physical address: _____ Lived Here Worked Here

City: _____ State: _____ Zip _____ Employer: _____

Dates lived and or worked in this location: From: _____ To: _____

Physical address: _____ Lived Here Worked Here

City: _____ State: _____ Zip _____ Employer: _____

Dates lived and or worked in this location: From: _____ To: _____

Physical address: _____ Lived Here Worked Here

City: _____ State: _____ Zip _____ Employer: _____

Dates lived and or worked in this location: From: _____ To: _____

Physical address: _____ Lived Here Worked Here

City: _____ State: _____ Zip _____ Employer: _____

Dates lived and or worked in this location: From: _____ To: _____

Physical address: _____ Lived Here Worked Here

City: _____ State: _____ Zip _____ Employer: _____

Dates lived and or worked in this location: From: _____ To: _____