



BACKGROUND INVESTIGATION AUTHORIZATION FORM

Richmond Emmaus

P.O. Box 29353 • Richmond, VA 23242-0353

The applicant herewith is under consideration for volunteer services with the Richmond Emmaus/Chrysalis Community

Name _____ SSN _____

Address _____ City/State _____

Zip Code _____ Telephone No. _____ Cell No. _____

Date of Birth _____ Country of Birth _____ State of Birth _____

Sex _____ Race _____ Height _____' _____" Weight _____' _____"

Color of Eyes _____ Color of Hair _____

Acknowledgment:

My signature authorizes Richmond Emmaus to conduct a background investigation and authorizes release of information in connection with my Chrysalis volunteer service. This investigation may include such information as criminal or civil convictions, driving records, and other appropriate sources. I waive my right of access to any such information and, without limitation, hereby release Richmond Emmaus and the referring source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: RaptorTrace, an online screening service; the local Sheriff; information from the Central Criminal Records Exchange; Department of Social Services Child Protective Services Unit; and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

[NOTE: Applicants are not qualified for volunteer service with Richmond Emmaus who have any **felony convictions** or have been convicted (**misdemeanor or felony**) of any offense involving sexual molestation, physical or sexual abuse, or rape of a child.]

Signature of Applicant

Date _____

Signature of Emmaus/Chrysalis Representative

Date _____

Background check returned: Date _____

Approved _____

Denied _____