



## **VOLUNTEER RELEASE OF INFORMATION**

As a prospective volunteer of Bay Connect, I understand that it is the organization's policy to secure criminal conviction history information as part of its volunteer screening process. I understand that my volunteering is expressly contingent on my consent to and completion of a criminal conviction investigation through the Michigan State Police Department and a Federal and State Medicare/Medicaid excluded party listing check as well.

I consent to this criminal conviction investigation and agree to fully and truthfully cooperate with the investigation. I further expressly authorize the Michigan State Police Department to release results of the investigation to Bay Connect.

I acknowledge that my continued volunteering at Bay Connect is expressly contingent on Bay Connect being notified that I have successfully complete the criminal conviction investigation,. I understand that a record of conviction shall be evaluated on its own merits with respect to the offense, the date of the conviction and the sentence imposed. In the event that I fail or refuse to truthfully cooperate with Bay Connect or do not successfully complete the criminal conviction investigation, I will not be able to volunteer. I also understand that I may be asked for additional information to verify my background, and without providing it I may not be able to volunteer.

Print Name \_\_\_\_\_

Maiden Name and/or Other Names Used \_\_\_\_\_

Birthdate (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Phone number in case we need to contact you \_\_\_\_\_

*This information will be maintained confidentially and shall be retained in the volunteer's personal file.*

5/2017