



Hands Across The World

Background Investigation Consent Form

I, _____, hereby authorize Hands Across the World and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of obtaining information which may be material to my qualifications for a paid or volunteer position now and, if applicable, during the tenure of my paid volunteer position with Hands Across The World.

I release Hands Across The World and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Please Print.

First Name Middle Last

Maiden Name or Other Names Used

Present Address

City/State Zip

How long have you lived here? _____

Former Address

City/State

How long did you live there? _____

*Date of Birth *Sex (M or F)

Social Security Number Driver's License Number State of License

Signature Date

**NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for employment or for assignment as a volunteer.*

Address:

**Great River Public Library
1300 St. Germain Street South, St Cloud MN 56301**

Phone 320.260.1072

www.handsacrosstheworldmn.org

info@handsacrosstheworldmn.org