

## Authorization and Agreement Page

Please read and initial each line to show your agreement.

### \_\_\_\_\_ **Background Check Authorization (Required)**

Because children reside at RRM, our insurance carrier requires that all individuals be processed through the U.S. Department of Justice National Sex Offender Public Registry. **I understand that my name will be processed through the database once my application is received and annually as long as I am a RRM volunteer.**

RRM may obtain a background report as part of the process for considering me as a volunteer. I hereby authorize RRM to obtain background reports about me as described above for the purpose of qualifying me for volunteering and placement. **I release RRM and all other entities from which these reports are obtained from any claim or liability related to obtaining, compiling or releasing such reports. I also agree that this authorization and release will remain on file for the term of my volunteering and will serve as an ongoing authorization to obtain reports related to my volunteer service.**

Please provide the following information in order to facilitate the Background Check process.

I currently reside in \_\_\_\_\_ (county) \_\_\_\_\_ (state)

The last four digits of my Social Security \_\_\_ \_\_\_ \_\_\_ \_\_\_

### \_\_\_\_\_ **Confidentiality Statement (Required)**

Furthermore, I understand that any and all information pertaining to guests, residents, volunteers, and donors served by the RRM is strictly confidential. Due to the privacy and protection of our guests and residents, I understand that photography and/or videography is not allowed. I agree to hold in confidence any information about guests, residents, volunteers and donors, which comes to my knowledge during my association with RRM. This is inclusive of all case management issues, personal background information, donations of any kind, financial records and strategic plans that are not available through public sources and are the property of RRM.

### \_\_\_\_\_ **Waiver of Liability and Release of All Claims (Required)**

I hereby agree to release, hold harmless, and waive any and all claims, demands and causes of action against Rockford Rescue Mission (RRM) including those for personal or property damage that may accrue to me as a volunteer for RRM arising out of any cause whatsoever, including, but not limited to, claims arising out of the negligence or intentional conduct of its employees or agents. I agree that I am physically fit and prepared to perform the tasks assigned to me as a volunteer at RRM. I assume all risk of personal injury, property damage and/or any other loss I may sustain or cause as a result of my participation as a volunteer.

### \_\_\_\_\_ **Photo Release Authorization (Optional)**

I hereby grant my free and unlimited consent and permission to RRM and its employees, agents and assigns to use my photograph and/or other digital reproduction for publication processes, whether electronic, print, digital or electronic publishing via the Internet for any legitimate purpose whatsoever. I waive all claims for any compensation.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature of Parent/Guardian if under 18: \_\_\_\_\_

*Parent signature and name is required if applicant is a minor*

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

Date: \_\_\_\_\_

If you are coming as part of a group, what is the group name \_\_\_\_\_