

DSABC
PLEASE READ CAREFULLY

Mentor Applicant Authorization and Consent for Release of Information – (All Mentors Must Complete)

In consideration for volunteer status as a mentor within the Danbury Schools and Business Collaborative, DSABC. on our behalf Employers Reference Source may make inquiries, regarding criminal history, and residency.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer to become a volunteer is withheld because of information obtained from Employer's Reference Source and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Pursuant to Regulations adopted by the Connecticut Department of Children and Families in Accordance with requirements of Connecticut General Statutes Sec. 1-38a(g). I hereby also give the Connecticut Department of Children and Families permission to research their records and release any and all information concerning charges, findings, dispositions, etc. relating to child abuse or neglect in which I have been named to

DSABC 63 Beaverbrook Road Danbury, CT 06810

I release the Connecticut Department of Children and Families from any liability for any damages I may incur which may result from the release or use of this information.

Please complete and sign the form which follows, authorizing, without reservation, any party including but no limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization release Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it release and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who in good faith provide Employers Reference Source the above mentioned information as requested, in order to successfully complete a background investigation.

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

PLEASE PRINT CLEARLY IN INK

Print Full Name: _____,

Have you used any other name? YES NO If yes, list other names _____

Social Security # _____ - _____ - _____ Date of Birth ____ / ____ / ____

Current Address _____
Street City State Zip

Previous Address(es) (list all for the last five years – continue on reverse side if necessary – most recent to least recent)

_____ How long? ____
Street City State Zip Years Months

_____ How long? ____
Street City State Zip Years Months

_____ How long? ____
Street City State Zip Years Months

Names of Spouses (list Last Name, First Name and Middle Name of Current and former spouses)

Applicant Signature _____ Date ____ / ____ / ____

*Date of birth is being requested only for purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes

*Social Security is being used as verification of identification of person and address in obtaining accurate record retrieval