

Saline Area Senior Center Criminal Background Screening Consent Form

7190 N. Maple Road I Saline, MI 48176 734.429.9274

As a present or prospective contractor or volunteer of the Saline Area Senior Center (SASC), I understand it is the Center's policy to secure criminal and / or driving history information as part of their screening process using the information provided.

Name:			
Last	First	Mic	ddle
Address:			
City / State / Zip:			
Date of Birth:		Gender: Male	Female
Race: American	Indian or Alaskan Native	Asian or Pacific Islander	Black
Unknown ,	/ Other White		
background history s the disclosure of the conducting the searc for releasing or using volunteer or contract	earch and sex offender reg result of that search by the th, and SASC, from any and g any information revealed a for with SASC. I also unders	istry search. I hereby consent individual to SASC. I further all liability, claims and damag as a part of this search for pur	ges, including but not limited to, claims roses of evaluating my placement as a alse information provided by me on
Signature:		Date:	
*Parent's Signature:	*if under 18 years of age	Date: _	
Office Use Only:			
Approved ()	Denied ()		
Date Background Cl	heck Submitted:	Date Approved/De	nied: