

**LIABILITY RELEASE**

TO WHOM IT MAY CONCERN:

As an applicant for participation with the Appalachia CARES program, I understand –

- The following registry and background check will be conducted to qualify me for eligibility: National Sex Offender Public Registry (NSOPR) and Tennessee Bureau of Investigation (TBI) background check.
- If I have reoccurring access to a vulnerable population (children age 17 years or younger, individuals age 60 years or older, individuals with disabilities), a Federal Bureau of Investigation (FBI) background check with fingerprinting will be conducted to qualify me for eligibility.
- The results of the check will be shared within the agency and host site, as appropriate.
- Selection into the program is contingent upon the program’s review of the criminal history, if any.
- I will have the opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from the position.
- The program will apply safeguards to ensure the confidentiality of any information relating to the criminal history check, consistent with the authorization provided by the applicant.
- If the results of the TBI or FBI criminal registry check are pending, I will not be permitted to have access to vulnerable beneficiaries without being accompanied 100% of the time by an authorized program representative who has previously been cleared for such access.
- If I refuse to authorize the program to conduct a NSOPR, TBI, or FBI check, or I make a false statement in connection with the program’s inquiry concerning my criminal history, I will not be eligible to serve in an AmeriCorps position.

“I hereby authorize the custodian of any information related to my previous employment, driving record, education, residence, criminal convictions, or character to release said information to the person or agency identified herein, unless restricted by law. This authorization is made voluntarily, for the purpose of serving in a national service program only. Upon receipt of this document, please release information directly related to the categories shown, and to which you have direct knowledge or documented evidence. I agree to hold harmless any individual or agency involved with the authorized release of legitimate information.”

Thank you for your cooperation.

Authorized By: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

**Please Print**