

**LIABILITY RELEASE**

TO WHOM IT MAY CONCERN:

As a site supervisor with the Appalachia CARES program, I understand –

- The following registry and background check will be conducted to qualify me for eligibility to serve as a site supervisor: 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 to serve as a site supervisor.
- The results of the check will be shared within the agency and host site, as appropriate.
- Selection as site supervisor 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 a supervisory 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 supervisor applicant.
- 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 as a site supervisor for the Appalachia CARES / AmeriCorps program.

“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 providing site supervision 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.

Please Print or Type

Authorized By (your name): \_\_\_\_\_

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

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

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

I have attached a copy of my valid government-issued Driver’s License.

*Required in order to initiate criminal history check.*

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

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