



# Foundation for Burns and Trauma

www.azburn.org

## BACKGROUND VERIFICATION

I \_\_\_\_\_, consent to have an applicant/volunteer screening report made for identification verification, and any County and National criminal record; including a National Sex Offender search. This will be done for the purpose to volunteer with the Foundation for Burns and Trauma. I hereby authorize Foundation for Burns and Trauma to obtain a background report containing the foregoing information from LexisNexis.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to LexisNexis within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify the Foundation for Burns and Trauma(FBT) its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from FBT, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of FBT, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy, scan or facsimile of this signed document shall be considered as valid as an original.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

Printed Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security No. \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_