



**MAC Inc**  
**Background Check Permission Form**

I, \_\_\_\_\_ give MAC Incorporated permission to perform a background check and a check of the National Sex Offenders Registry as a condition of service as a volunteer/intern with MAC, Inc. I understand that the results will be kept confidential.

I also understand that my volunteer service for this position is contingent upon the results of the background check.

I release MAC, Incorporated and its respective employees, agents and government agencies from any liability for a determination that I cannot serve as a result of the criminal background check and any other documents received in accordance with this release. If a determination is made that I cannot serve due to the criminal background check, I may inspect and challenge the information received by MAC, Incorporated.

Signed \_\_\_\_\_  
Volunteer

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Authorized Representative\*  
MAC, Incorporated

Date \_\_\_\_\_

\*Authorized representatives of MAC, Incorporated include, but are not limited to, the Chief Executive Officer, Chief Operating Officer(s), Human Resources Specialist, Volunteer Services Director, Program Supervisor or other authorized Supervisor.

## Consent to Background Check

In connection with my application as a volunteer or intern, I hereby authorize MAC Inc. and their respective agents to solicit information about my criminal background and general public record history.

I authorize without reservation, any government agency contacted by MAC Inc. or their respective agents to furnish the above referenced information.

I release MAC, its respective employees and agents and government agencies providing information or reports about me, from any and all liability arising out of the release of any such information or reports to MAC Inc.

Applicant Name \_\_\_\_\_  
(print) First Middle Last

Other Names Used \_\_\_\_\_  
(Maiden/ etc)

Current Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# of years at this location \_\_\_\_\_

Former Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# of years at this location \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MAC Inc Staff \_\_\_\_\_ Date \_\_\_\_\_