



CLALLAM COUNTY

AUTHORIZATION TO RELEASE PERSONAL HISTORY INFORMATION FOR VOLUNTEER POSITIONS

**TO BE COMPLETED BY VOLUNTEER AND SUBMITTED WITH APPLICATION
THIS FORM MUST BE NOTARIZED**

A complete personal and criminal background investigation may be conducted before you are cleared to volunteer for this position, depending upon the sensitivity and responsibilities of the position. The depth and extent to which this investigation may be conducted is at the discretion of the Director of Human Resources for Clallam County.

Proof of name and date of birth required. Please complete form in full. Only authorized staff will have access to this form.

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE:

NAME: _____

OTHER NAMES KNOWN BY: _____

DATE OF BIRTH: ____/____/____

DRIVER'S LICENSE NO.: _____ STATE ISSUING: _____ EXP DATE: _____

LIST STATES OTHER THAN WASHINGTON IN WHICH YOU HAVE RESIDED WITHIN LAST 10 YEARS (include County name & years):

| STATE | CORRESPONDING COUNTY | YEARS (FROM - TO) |
|-------|----------------------|-------------------|
| | | |
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VOLUNTEER APPLICANT'S WAIVER & RELEASE STATEMENT:

TO WHOM IT MAY CONCERN: I hereby waive my rights as specified in Public Law 93-579 - December 31, 1974 - Title V, U.S.C. 552A. I respectfully request and authorize you to furnish Clallam County Human Resources Department or its designated agent bearing this release with any and all information that you may have concerning me, including but not limited to, academic achievement, attendance, athletic, military, personal history, health history including psychological and medical records, disciplinary records, and credit records. I also authorize Clallam County Human Resources Department or its designated agent bearing this release to obtain a certified abstract of my full driving record. I request you to answer any questions asked of you with complete candor and cooperation.

I hereby release and agree to hold harmless, you, your organization, including its officers, employees, agents, and insurers, individually and collectively, from any and all liability or damage of whatever kind, which may at any time result to me, my heirs, family or associates due to or in any way related to compliance with this authorization and request to release information, or any attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resources Department and will be made available upon request.

The information resulting from this release is to be used to assist the Human Resources Department in determining my fitness and qualifications for a position of trust and responsibility. I waive all rights I may assert to obtain information provided to Clallam County pursuant to this release, and agree that Clallam County may preserve the confidentiality from me of statements, opinions and documentation provided by you.

This release will expire one (1) year after date of execution and, prior to that time may be deemed irrevocable.

Signature (**SIGN IN FRONT OF NOTARY**)

Date of Execution:

Printed Name

TO BE COMPLETED BY NOTARY PUBLIC

| | | |
|--|-----|---|
| State of _____) County of _____) NOTARY SEAL |)ss | Subscribed and sworn to before me this _____ day of _____, 20____. |
| | | I, the undersigned notary public, do affirm that the above individual has presented valid identification to me. |
| | | _____ SIGNATURE OF NOTARY PUBLIC |