

Consent to Conduct Background Check

Applicant Information: Name: _____

Date of Birth: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

Authorization and Consent: I, _____ (applicant name), hereby authorize Guided Path Terminal Cancer Support (the "Organization") and/or its authorized agents to conduct a background check as part of my application to volunteer with the Organization. This background check may include, but is not limited to, verification of personal information, criminal history, sex offender registry status, and any other checks deemed necessary for determining my eligibility to volunteer.

I understand that the information obtained during this process will be used solely for the purpose of evaluating my suitability for the volunteer role. I further acknowledge that the Organization will keep all such information confidential and will not disclose it to unauthorized parties.

Compassionate Review of Background Checks: Guided Path Terminal Cancer Support is committed to reviewing all background check results with compassion and consideration. We understand that some past issues may have been resolved and will take into account the context, timing, and resolution of such matters. Our goal is to create a supportive and inclusive environment while ensuring the safety and well-being of those we serve.

I understand that I have the right to request a copy of the background check report and to challenge any inaccurate or incomplete information contained in the report.

Acknowledgment: I certify that the information provided in my application and during the background check process is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in the withdrawal of my volunteer application or termination of my volunteer role.

Release of Liability: I hereby release Guided Path Terminal Cancer Support, its officers, employees, and agents from any and all liability, claims, or damages arising out of or relating to the background check process.



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Signature:

Applicant Signature: _____

Date: _____

Notice: Guided Path Terminal Cancer Support complies with all applicable laws, including the Fair Credit Reporting Act (FCRA). If an adverse decision is made based on the background check report, the Organization will provide the applicant with a copy of the report, a summary of their rights under the FCRA, and an opportunity to dispute the information before any action is taken.

For Organization Use Only:

Authorized Representative Signature: _____

Date: _____

