



VeriFYI

Background Verification Release Form

TNP OFFICE USE ONLY	
RUN: ___/___/___	INIT: ___
IN DP: ___/___/___	INIT: ___
BOX OFFICE: ___/___/___	

The safety of our members, volunteers, and staff is our primary concern.

It is the policy of The Naples Players to prohibit individuals with certain criminal histories to volunteer or become a member. A background check is required of all prospective members and volunteers over the age of 18. Thank you for understanding that we are providing a safe environment for everyone involved.

AGENCY INFORMATION

Name: The Naples Players, Inc. | Phone: 239-434-7340 | Fax: 239-434-7772
 Contact: Bryce Alexander / 239-434-7340 x124 / balexander@naplesplayers.org

APPLICANT INFORMATION

Applicant Full Name (Last, First, MI): _____

Maiden or Other Names(s) Used: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-MAIL: _____

Volunteer Member Other: _____ SSN: _____ Date of Birth: _____

Race: African American American Indian Anglo Asian Hispanic Other

Sex: Female Male

I hereby authorize VeriFYI and/or its Service Provider to request and receive any and all background information about or concerning me as it relates to any sexual offender or sexual predator history.

I hereby authorize The Naples Players, Inc. to conduct a comprehensive background investigation in connection with my potential volunteerism/employment. I understand and acknowledge that this may include, but may not be limited to, the following:

1. Obtain criminal history and arrest records;
2. Obtain records pertaining to civil actions in which I am or was previously a party;
3. Obtain driving history and records; and
4. Contact my previous employers regarding my character, ability and habits.

The sexual criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the sexual criminal history check may be repeated at any time. I understand that I will have an opportunity to review the sexual criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the sexual criminal history could contain information presumed to be expunged.

I further release and discharge VeriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

This document shall act as an authorization for release of information by any party to The Naples Players, Inc. in connection with the background investigation described herein; or in the alternative I agree to execute a separate authorization for release of information as may be required by a party in order to furnish information in connection with the background investigation described herein. A copy of this Authorization may be presented in lieu of an original and shall have the same force and effect.

I agree to hold The Naples Players, Inc. harmless with regard to its activities in conducting this background investigation. I further agree to hold all persons or entities furnishing information to The Naples Players, Inc. in connection with this background investigation harmless with respect to any information which they give.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Applicant's Printed Name

Date