



VOLUNTEER AUTHORIZATION FOR BACKGROUND CHECK

For the purpose of evaluating my application as a volunteer or student intern, I understand that the Safe Harbor Child Advocacy Center may conduct a background check involving:

- Statewide Criminal,
- Multi-State Criminal County Criminal,
- Multi-State Sex Offenders and
- Virginia Department of Social Services/Child Protective Services Central Registry

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Spotsylvania County Sheriff's Office, whether the said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records for the following:

- Local, state, federal, or other law enforcement agencies: This includes records of arrests (criminal and traffic) and convictions or records of any contacts as a suspect, victim, witness or complainant.
- Sex Offender Report
- Virginia Social Services/Child Protective Services Central Registry Reports

Any applicant found to have been convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CAC program's credibility is not eligible to be a CAC volunteer.

I, _____, hereby affirm that all of the answers provided on my volunteer application are true.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CAC volunteer. Further, I understand that completion of an interview with a staff member, successful completion of all background checks, and attendance at an orientation session is required prior to my start as a volunteer. I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as a CAC volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the *Safe Harbor* CAC, and their desire to provide quality services to abused children, my services as a volunteer will be terminated.

I also understand that any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the Center's credibility is not accepted as a CAC volunteer.

APPLICANT'S SIGNATURE: _____ DATE: _____
Date of Birth: _____ Social Security Number _____