



## **VOLUNTEER BACKGROUND CHECK AUTHORIZATION**

I authorize Behringer-Crawford Museum and its agents, assignees, employees or officers to make investigations, reference checks, security checks and other inquiries into my past regarding my Volunteer Application.

These queries may include, but are not limited to, questions pertaining to my past employment, criminal, credit, driving and educational history as well as information regarding my general character and reputation.

Further, I authorize any individual, company, business entity, institution, or government agency having relevant information to furnish Behringer-Crawford Museum with that information.

I understand that any information obtained by a background investigation, which is developed directly or indirectly, in whole or in part, upon this release of information authorization, may be considered in determining my suitability for service as a Museum Volunteer with the Behringer-Crawford Museum. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. In addition, I agree to release and hold harmless Behringer-Crawford Museum from any and all liability with respect to receipt of such information and acknowledge that Behringer-Crawford Museum is relying on third party information and therefore release Behringer-Crawford Museum, its agents, officers, and employees from any and all liability arising out of errors or omissions.

I understand that the information I provide on this form will be used solely to assist Behringer-Crawford Museum in obtaining background information to determine volunteer eligibility. It will not be used to discriminate or to determine eligibility based upon gender, age, race, color, creed, national origin, disability, veteran, marital status or any other category protected by law.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Current County & State of Residence: \_\_\_\_\_

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