

# Authorization: Volunteer Background Investigation

Revised July 2013



Please mail, fax or scan-and-email this authorization form to Volunteer Coordinator, PENCIL Foundation.  
Address: 421 Great Circle Road, Nashville TN 37228. Fax: 615-254-6748. Email: [info@pencilfd.org](mailto:info@pencilfd.org)  
Questions? Contact PENCIL at 615-242-3167.

PLEASE PRINT

I am volunteering now. School School Contact Person

I need help finding a volunteer role. Preferred schools  
Best days & times

Last Name First Name Middle

Are you a college student? Name of College

Current Address City State Zip

Best Phone Contact Email Address

Company Name and Address

Previous address  
Only required if you have lived in Tennessee for less than one year OR if you're a college student  
Street City State/Zip

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last seven years?  Yes  No

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?  Yes  No

### Authorization and General Release

I hereby authorize PENCIL Foundation, any or all of its subsidiaries and affiliates and any employee or agent, including Fowlers' Profile Links, Inc., to request and receive any information and records concerning me, including but not limited to, criminal record history and reports from individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, and other entities. I further release and discharge PENCIL Foundation and any or all of its subsidiaries and affiliates, and every employee or agent including Fowlers' Profile Links, Inc. and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s). I understand that I have the right to make a written request within 60 days to Fowlers' Profile Links, Inc. for a complete and accurate disclosure of additional information concerning the nature and scope of the Investigation. I acknowledge that I have voluntarily provided the above information for the purpose of registering with PENCIL Foundation as an MNPS volunteer, and I have carefully read and I understand this authorization.

Signature Date

**NOTICE – THIS SECTION IS REQUIRED.**  
**IT IS REMOVED AND SHREDDED WHEN THE REPORT IS COMPLETE.**

Date of Birth Soc. Security No.