

Carlsbad Lifehouse, Inc.
CONSENT TO PERFORM (background check)
INVESTIGATIVE CONSUMER REPORT
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence. **Driver's License # DL State**

* Address	Apartment or #
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City	County	State	Zip	Phone #
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** Date of Birth	Social Security Number	**Gender	**Race
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E-Mail Address _____

***AS SHOWN ON THE ORIGINAL APPLICATION**
****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1, YES ___ ___ ___ ___ **NO** Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
 If yes, please provide details below.
State: _____ **County:** _____ **Date of Offense:** _____
 Details of conviction: _____

2, YES ___ ___ ___ ___ **NO** Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?
 If yes, please provide details below.
State: _____ **County:** _____ **Date of Offense:** _____
 Details of offense: _____

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING ANY OFFERS OF EMPLOYMENT OR TERMINATING EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____



**VOLUNTEER
STATEMENT OF CONFIDENTIALITY**

I, _____, hereby agree to not disclose, share, or discuss any information regarding the identity of any client or any information concerning any client at **Carlsbad LifeHouse, Inc.** I acknowledge that any violation of this may result in denial of any further visitations and/or possible legal consequences based upon the state and federal laws concerning substance abuse treatment and confidentiality.

Signature: _____ Date: _____

RELEASE OF LIABILITY

I am voluntarily participating in **Carlsbad LifeHouse, Inc.** volunteer activities and participating in the activity entirely at my own risk. I am aware of the risks associated with participating in these activities, which may include, but are not limited to: physical or psychological injury, pain, suffering, illness, and disability up to death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel to and from the activity, or conditions at the activity location (s). Nonetheless, I assume all related risks both known and unknown to me of my participation in this activity.

I hereby release and forever discharge **Carlsbad LifeHouse, Inc.** Located at 1900 Westridge Dr. Carlsbad, NM 88220, their affiliates, managers, members, agents, staff, volunteers, and Board of Directors, from any physical or psychological injury that I may suffer as a direct result of my participation in volunteer activities at any of LifeHouse properties either owned or occupied by **Carlsbad LifeHouse, Inc.**, or any activity hosted by LifeHouse on or off-premise.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agents' willful actions, neglect, or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact	Contact Relationship	Contact Telephone Number

I certify that I have read this agreement and that I fully understand its content. I am aware that this is a Release of Liability and that I am signing it of my own free will.

Name: _____ Phone #: _____

Address: _____

Signature: _____ Date: _____