



**Heal the Bay**  
**AUTHORIZATION TO RELEASE INFORMATION**  
and  
Background check Information  
  
**Volunteers**

|   |  |                          |        |
|---|--|--------------------------|--------|
| Last Name   | First Name                               | Middle Name              | Gender |
| Former Last Name(s)   |  |                          |        |
| Current House Number Address  | Apt. #                                   | City, State and Zip Code |        |
| Addresses for the Past Seven Years: (include street, city, state, zip code) |  | Dates of Residence:      |        |
| <hr/>   |  | <hr/>                    |        |
| <hr/>   |  | <hr/>                    |        |
| <hr/>   |  | <hr/>                    |        |
| Date of Birth   | Other Names Used (including maiden name) | Years Used               |        |
| Social Security Number  | E-mail address                           | State                    |        |

I authorize verification of all information in my volunteer application, of a criminal history background, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain whether the said records which are public or private, and including those which may be deemed to be privileged or confidential in nature. I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information, which will be considered in determining any suitability to be a volunteer for Heal the Bay. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my volunteer application. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my volunteer work at Heal the Bay to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my volunteer application or any supplements to it and in any interviews will be sufficient grounds for rejection of volunteering at Heal the Bay.

|                       |                              |               |
|-----------------------|------------------------------|---------------|
| <hr/><br>Printed Name | <hr/><br>Volunteer Signature | <hr/><br>Date |
|-----------------------|------------------------------|---------------|