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| University of California, Riverside | \\Prodfs1.fboad.ucr.edu\Human Resources\Communications\!Logos\HR 2020\hr-logo2020-1.png |
| UCR Campus Policy — Volunteer (without salary) Appointments — (650-85) |
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| Volunteer Registration Form Volunteer Background Check Authorization Form |
| To Whom It May Concern:I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information. I further authorize UNIVERSITY OF CALIFORNIA, RIVERSIDE to obtain and verify from my designated business and professional references (“My References”) such in their possession regarding me in connection with my volunteer appointment. I hereby authorize all of the following without limitation, to disclose information about me to UNIVERSITY OF CALIFORNIA, RIVERSIDE and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about and concerning me. The information that can be disclosed to UNIVERSITY OF CALIFORNIA, RIVERSIDE and its agents includes, but it is not limited to, information concerning my employment, volunteer assignments and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses. I acknowledge that a photocopy of this authorization may be accepted with the same authority as the original. This authorization includes, but is not limited to, criminal and court records, references, school and employment records, whether privileged or not. This authorization to furnish to information is executed in consideration of my possible employment with the UNIVERSITY OF CALIFORNIA, RIVERSIDE. I understand that certain UCR volunteer assignments in sensitive/critical areas require background checks. I also understand that any misrepresentation, falsification or omission of facts herein may be considered cause for dismissal from any volunteer assignment. |
| **Volunteer Participant Name (***printed***):** |   |
| **Signature:** |  | **Date**: |   |
| **Other Names Used:** |   |

**Distribution** (Retention: 3 years)

Department/Service Center: Original