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| **Cumberland Background Check****Directions:** Complete this form in its entirety. Volunteers email to April Ziemann at aziemann@cumberlandservices.org.  |
| [ ]  Initial [ ]  Renewal **Personal Information** |
| First Name:      | Middle Name:      | Last Name:      | Suffix:      |
| Alternative names or spellings used (married, maiden, alias, etc.)      | [ ]  No Other Names |
| Date of Birth:      | Phone Number:      | Email Address:      |
| Social Security Number:       | ID Type:[ ]  Driver’s License [ ]  State Issued ID | ID Number:      State Issued:       |
| Gender:[ ]  Male[ ]  Female | Ethnicity:[ ]  Hispanic/Latino[ ]  Non-Hispanic/Latino | Race:[ ]  White[ ]  Black | [ ]  Asian[ ]  American Indian/Alaskan Native[ ]  Native Hawaiian/Pacific Islander |
| Home Address:       | City:      | State:      | Zip Code:      |
| County of Residence:      | Other Cities of Residence in Texas:      |
| Have you lived outside of the State of Texas in the Past 5 Years? If Yes, List the States.      | [ ]  Yes [ ]  No |
| **Role within the Organization** |
| [ ]  Volunteer | [ ]  Staff | [ ]  Board Member |
| [ ]  Intern: Name of Program | [ ]  Other       | [ ]   |
| The information solicited by Cumberland Youth and Family Services is intended to be used in a non-discriminatory manner to determine the best use of the volunteer’s gifts and talents. Cumberland does not discriminate in the acceptance or referral of a volunteer.I am aware that I must be clear of any criminal and/or abuse and neglect history to be eligible to volunteer. Background checks will be submitted and cleared as eligible prior to beginning volunteer services.I am the person listed above. The information I provided is true and correct. I grant permission to Cumberland to request a criminal background check including all background checks as required by TXDFPS on my behalf. By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.[ ]  I Accept |
| Signature: |  |       |  | Date: |  |       |