NPH USA
Raising Children. Transforming Lives.

Background Check Authorization

I understand that, in connection with my volunteer application, a background investigation may be done that may include information regarding my driving records and court records (both civil and criminal.)

This is consistent with NPH USA policy to protect the children of Nuestros Pequeños Hermanos y Hermanas Internacional, A.C. from harm and injury. This information may come from either public or private sources and may contain information regarding my character, experience, work habits, and/or other information relevant to volunteer service.

I understand that, if I am approved for volunteer service by NPH USA, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of NPH USA, such may be necessary.

I hereby release and discharge to the extent permitted by law, NPH USA, its employees, any individual or agency obtaining information for NPH USA, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future.

My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

_____ _____

Volunteer's Name (Please print) **Signature**

_____

Date

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Background Check Request

NPH USA may require volunteers who will come into contact with the children of Nuestros Pequeños Hermanos y Hermanas Internacional, A.C. in any capacity undergo a background check. Each volunteer is responsible for notifying NPH USA of any changes in background information that might render him/her ineligible for service. The parish reserves the right to decline to accept the services of a volunteer or to request an individual to withdraw from volunteer service whenever, in the judgment of NPH USA it is in the best interest of NPH USA and Nuestros Pequeños Hermanos y Hermanas Internacional, A.C. to do so.

NAME: _____
First Name *Last Name* *Middle Name*

ADDRESS: _____

CITY:_____ STATE:_____ ZIP: _____PHONE: _____

BIRTHDATE: _____ GENDER: (please circle): Male or Female

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

STATE ISSUED: _____

Names and Dates of Name Changes:

_____
Name *Date*

_____
Name *Date*

If you have lived in a state other than the state listed above in the past 10 years, please list the following information including the years in which you lived there. Please continue on the reverse side of this form if more room is needed.

STATE_____ CITY_____ COUNTY_____ YEARS:_____ to _____

STATE_____ CITY_____ COUNTY_____ YEARS:_____ to _____

STATE_____ CITY_____ COUNTY_____ YEARS:_____ to _____

Have you been convicted of a criminal offense or incarcerated in the last 10 years? _____Yes_____ No
If yes, state offense, place and date of conviction:

_____

_____

Have you ever been charged or accused of any criminal or civil offense involving children or vulnerable adults?
_____Yes _____No
If yes, please give details:

_____

_____

Please return form to NPH USA:

Email: nhursey@nphusa.org
Mail: NPH USA C/O: Natalie Hursey – 945 Broadway St. NE, Suite #230 – Minneapolis, MN 55413