

**YORK COUNTY COMMUNITY ACTION CORPORATION
Staff & Volunteer Release Form for Background Checks**

Supervisors Please Complete the Following:

Supervisor Name: Debra Paradis Program: Transportation

Employee/Substitute Volunteer/Student

Title if employee: Volunteer Driver Program Account: 717

Please indicate all background checks which you are requesting:

SBI Maine/National Criminal Search DHHS Maine (attach DHHS release form)

DMV Maine/Out-of-State National Sex Offender Registry

Employee/Volunteer: Please Read the Following

Our Agency is required to do the following background checks on all employees and volunteers: State Bureau of Investigation (SBI); Department of Motor Vehicles (DMV); First Advantage National Criminal Search; the Office of the Inspector General (OIG); and the national exclusion list (SAM). A DHHS Child Protective Record Search and National Sex Offender Registry Search is required for anyone working directly with children or going into an environment where children are/may be present. The national exclusions (OIG/SAM) check will be performed annually on all active employees to review individuals barred by Federal Government agencies from receiving any form of payment from Federal contracts awarded to YCCAC. In the event that you leave or are gone for more than one year and return to YCCAC, background checks will be repeated prior to your return.

Please print clearly, illegible forms will be returned and will delay your eligibility for employment or to volunteer

Full Name (First Middle Last): _____

Other Names known by: _____
(Including maiden name)

Current Address: _____

Date of Birth (Mo/Day/Year): _____ Social Security Number: _____

Place of Birth (City/State): _____ Gender: Male Female

ME Driver's License Number: _____

Out-of-State Driver's License Number: _____ State: _____

Please list all addresses to include street, city, state, zip within the last 7 years

(Use back of page if more space is needed)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I understand the requirements stated above and the information requested from me and give permission for York County Community Action Corp. to complete background checks as indicated.

Signature: _____

Date: _____