## **Criminal History and Child Abuse Clearance**

If you intend on volunteering with our Produce 4 Kids distributions or Mobile Market distributions, or if you are volunteering due to court ordered obligations, you must have a signed "Authorization to Release Information" form on file at Helping Harvest.

Information obtained/acquired will remain confidential and in a locked cabinet.

AUTHORIZATION TO RE		
Last Name	First Name	Middle Name
Current Address  Addresses for the Past Seven Years: (ir	nclude street, city, state, zip code):	Dates Lived Here
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State
Email Address (may be used		
privileged or confidential in nature this Authorization will be used exc be considered in determining any	of criminal history and child abuse clearance from an er the said records are public or private, and including and I release all persons from liability on account of clusively by <b>Helping Harvest</b> for criminal history and contability for employment and/or volunteering. All indicate answers and statements when completin loyee/volunteer.	such disclosures. Information appearing on child abuse clearance information which will aformation will be kept confidential. I certify
I understand and agree that any o sufficient grounds for rejection of	mission, false statement, misleading statement, or a employment/volunteer opportunities with <b>Helping F</b>	nswer made by me on this form will be larvest.
Printed Name		 Date