



Something for Kelly
FOUNDATION

THE SOMETHING FOR KELLY FOUNDATION
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Background Information Release

First name: _____ Last Name: _____ M.I. _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____) _____ - _____ Email: _____

Driver's License: _____ State: _____

Social Security #: _____ D.O.B: _____

Please list any other names that you have used in the past 10 years:

Please list any additional addresses you have lived at in the past 10 years:

In connection with my service at the Something for Kelly Foundation, I hereby authorize a local and/or national background check on me. I understand the background check will contain record of any criminal conviction and/or criminal file maintained on me whether local, state, or national. This report may include information pertaining to my character, education, work history, motor vehicle records, and criminal information contained within any government agency, Federal, State, or Local.

I hereby release the Something for Kelly Foundation of any and all claims and liability resulting from such disclosures. I hereby authorize all law enforcement agencies, educational institutions, companies and other individuals to release all information they may have about me to the Something for Kelly Foundation or its agents, and do forever release them from any liability or responsibility for doing so to the fullest extent allowed by law from any claims arising from the requested information.

I recognize and agree that a copy or facsimile or electronic version of this document shall be as valid as the original. I recognize and agree that this release shall be valid for this and any future update reports requested. According to the Fair Credit Reporting Act, I am entitled to know if I am denied based on information contained in this report, and to receive, upon written request, a disclosure of the public record information as well as the nature and scope of the investigative report.

By signing this document, I agree to all the terms and conditions stated above and authorize the Something for Kelly foundation to proceed with a background check.

(Signature of Volunteer Applicant)

(Date)