

## Applicant Background Check Authorization Form

Chicago Scholars conducts a criminal background check for each adult volunteer who will mentor and/or interact with students at other than sanctioned Chicago Scholars events and activities and/or outside of our offices. This practice is to ensure the safety of our scholars.

Background investigation is conducted by Chicago Scholars and its agent, Background Screening Consultants LLC.

Please fill out completely. All information supplied must be legible and accurate.

Name (first, middle, last): \_\_\_\_\_

List all other names by which you have been known: (last, first, middle)

\_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Residential Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any/all previous addresses within the past five years and the dates of residency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested and/or convicted of a crime other than a minor traffic violation?  
Yes / No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been accused of child abuse? Yes / No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CHICAGO SCHOLARS

## AUTHORIZATION

Please read and initial each item.

\_\_\_\_\_ I hereby consent and authorize Chicago Scholars, and its agents, Background Screening Consultants LLC to secure information pertaining to my character and background. I understand that the information supplied by me can be utilized in conducting a comprehensive background investigation. An investigative consumer report may be prepared concerning my character, general reputation and personal characteristics. This investigation may include the following: a county and or federal criminal record search, a multi-jurisdictional criminal record database search, a sex offender registry search, a social security trace and verification, a motor vehicle driving record search, a national security "watch list" database research, as well as the confirmation of any information supplied by me on this authorization form or information provided on any Chicago Scholars Mentor application form. I understand that these reports may be obtained at any time after receipt of my authorization and throughout the time of volunteer work with Chicago Scholars. I release from liability any and all persons, companies and corporations that supply information regarding my history as a result of this investigation. I further release and indemnify Chicago Scholars, and its affiliates, and its agents, Background Screening Consultants LLC against any liability that may result from conducting this investigation. I understand that any information discovered is done so through human intelligence sources, electronic databases and on-site public record search. I also understand this information will be used to determine my eligibility to be a mentor/volunteer.

\_\_\_\_\_ **I understand that all information obtained from me or about me will be held in confidence by Chicago Scholars.** My application and background check report will be accessible to me. However, all other information concerning me, including but not limited to information derived from my references, the investigative process, interview or otherwise, throughout the course of my acting as a mentor/volunteer, will be the sole property of Chicago Scholars. Chicago Scholars will not release to outside sources, unless required by law, information from my mentor/volunteer file other than verification that I am a volunteer, without my prior written consent.

\_\_\_\_\_ I give permission for any staff member of Chicago Scholars to review all information contained in my file for the purpose of matching, evaluation, program audit and staff training. I also give permission to Chicago Scholars' Program Committee and to the staff and agents of Chicago Scholars to review my volunteer information in connection with their periodic audit for purposes of evaluation, conditioned upon confidentiality.

\_\_\_\_\_ I DO / DO NOT (circle one) consent to the use of identifying information in print, video films and photographs for publicity/promotion by Chicago Scholars.

\_\_\_\_\_ I understand that as a Chicago Scholars volunteer I am required to notify Chicago Scholars promptly of any changes in the information I have provided during the application and screening process that may alter my ability to serve in the capacity for which I have applied, including any changes in medical, psychological, or arrest history.

A copy of this release may be used in lieu of the original.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Chicago Scholars reserves the right to reject a mentor/volunteer for any reason that Chicago Scholars, in its sole judgment, determines will or may affect either the best interests of a scholar or Chicago Scholars. Furthermore, Chicago Scholars reserves the right to withhold the reason(s) for such refusal.

Background Screening Consultants LLC  
650 W Lake St., Suite 650, Chicago, IL 60661  
888-578-8600