



FAMILY SERVICE ASSOCIATION

Families That Work

- Protecting Children & Elderly
- Promoting Healthy Families
- Combatting Substance Abuse
- Stopping Gang Violence
- Partnering with Business

CONSENT FOR CRIMINAL BACKGROUND HISTORY/SEX OFFENDER CHECK AUTHORIZATION/WAVIER/INDEMNITY

I hereby give my permission for FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. to obtain information relating to my criminal history/sex offender record through PublicData.com. The criminal history/sex offender record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history/sex offender records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history/sex offender as received by PublicData.com and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Family Service Association and each of their officers, directors, employee, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, (including claims for the negligence, gross negligence, and/or strict liability of Family Service Association) and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Name(Print): _____
Last First Middle

Position w/Agency: _____

Date of Birth: _____

Place of Birth: _____

TX Driver's License#: _____

Social Security#: _____

Home Address: _____

City, State & Zip: _____

Phone:() _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Race: _____ Sex: _____

I certify that the above information is true and correct.

Applicant Signature

Date

