

**Self Reliance Inc. Center for Independent Living
Board Member Background Authorization**

Legal Name: Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Race: _____ Gender _____ Date of Birth: _____

Phone: (home): _____ / _____ (cell): _____ / _____

Email: _____

Licenses/Certifications (include type and valid dates): _____

Have you been convicted of a criminal offense? Yes No (If yes, please provide date of conviction, place, and specify what the conviction was for) _____

Consent valid for: One year from date below Future years (failure to mark one will automatically become 'Future years')

BACKGROUND CHECK PERMISSION: Please read and check boxes before signing:

I understand that a background check will be completed on all potential Board of Directors. I further understand that a criminal history/record may prevent my appointment to the Board of Directors.

- I understand that I am giving my permission for Self Reliance Inc. to conduct a background check on me.
- I understand that the results of this check will be held in the strictest confidence, and access to this information will be limited within the Self Reliance organization.
- I understand that I have the right to revoke this consent, in writing, at any time.
- I hereby release Self Reliance Inc., its employees, Board of Directors, agents, and contractors, from any and all liability whatsoever, arising out of this request to consent to a criminal background check, and any decisions made concerning my application to be a Board member, based on the results of this background check

Signature

Date