FULL CIRCLE FARM THERAPEUTIC HORSEMANSHIP

CRIMINAL BACKGROUND CHECK – AUTHORIZATION FORM

I understand that, as a condition of my volunteering with Full Circle Farm Therapeutic Horsemanship, a Criminal Background Check report, including criminal and civil history, any other public records and any other information bearing on my character, general reputation and personal characteristics, will be conducted.

I hereby authorize and consent to the procurement of such a report. I understand that Full Circle Farm Therapeutic Horsemanship will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a negative decision regarding my fitness for volunteering with the Full Circle Farm Therapeutic Horsemanship. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Full Circle Farm Therapeutic Horsemanship will keep my personal private information confidential. Once the background check report is run, the portion of this form that contains my personal private information will be destroyed and only the signature and address portion of this form and the resulting report will be maintained as it does not contain my full social security number.

By signing below I certify that I am the individual listed below and that the information provided is true.

 $D \wedge T F$

CICNIATURE

SIGNATURE _	PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION MUST BE COMPLETED			
NAME				
	LAST	(MAIDEN)	FIRST	MI
ADDRESS				
	STREET	CITY	STATE	ZIP CODE
	Confi	dential Personal Private Informa	tion - To be destroyed	
DATE OF BIR	TH	HAIR COLOR	EYE COLOR	
5, 1, 2 G. 5	••••			
DRIVER LICEN	NSE NUMBER		STATE	
SOCIAL SECU	RITY NUMBER			