CONGREGATIONAL CHRISTIAN COUNCIL OF MAINE (CCC/ME)

CRIMINAL RECORDS CHECK AUTHORIZATION

I hereby give my permission for CCC/ME to obtain information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility for working with minors on behalf of CCC/ME. I also understand that as long as I remain a volunteer with the CCC/ME, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I also understand that, by law, I may see a copy of the transcript for review, but may not receive a copy of the document in any fashion or form.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify CCC/ME and each their offices, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, sums of money, claims, demands, whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer of CCC/ME.

Full Name			
Last	First	Middle	Maiden
	Female		
Social Security #:	Date of Bir	th:	
The signature represents r	my current legal name and an	y previously used names	are listed below.
Additional names:			
	URE:		
Witness name (print)		Date:	
WITNESS SIGNATURE			