

Please scan this to miray.spiller@remax.net



USA

building global friendship

OR

mail to

730 Prince George Parish
Knoxville, TN 37934

Background Check Questionnaire and Authorization

Date Requested _____

Requester Name Mindy Spiller
Risk Manager

COMPLETE NAME:

First: _____ Last: _____ Middle: _____

DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	Have you ever used a different Social Security Number: Yes ___ No ___ If yes, please provide additional number(s) used.

LIST OTHER NAMES USED, IF ANY:	DRIVER'S LICENSE STATE AND NUMBER:

Residence Addresses for Past 7 Years beginning with your current address:

Dates – From/To	County	Address City, State, Zip

Have you ever been convicted of or pleaded guilty or nolo contendere to a felony? Yes No

Have you ever been convicted of or pleaded guilty or nolo contendere to a misdemeanor (including DUI convictions)? Yes No

Have you been restrained or enjoined by a court injunction or order? Yes No

If yes to any of the above, please describe, including dates, location (city, county, state), nature of violation, details of any injunction or court order (attach additional sheets if necessary):

I certify that the information provided by me in this questionnaire is true and correct. I understand that any falsification, misrepresentation, misleading statement, or omission of fact will be sufficient reason for refusal to allow me to serve as a CISV volunteer. I further acknowledge and agree that this information may be used to determine my eligibility to serve as a volunteer in connection with CISV's programs and activities.

I hereby authorize CISV USA (including its Chapters) to perform a complete background check on me, including without limitation a complete criminal record check and motor vehicle driving record check, and to perform additional background checks on me from time to time. I further authorize CISV USA to release my name, date of birth, driver's license number, and state in which that license was granted to CISV USA's liability insurance carrier, with the understanding that the carrier may, at its discretion, perform its own motor vehicle records check. I hereby release CISV USA and its Chapters, steering committees, officers, directors and volunteers from any claim or liability arising out of the performance of these background checks.

I further acknowledge that I have been advised of and agree to comply with CISV's policies in connection with the use of a motor vehicle to transport CISV participants, including that any person transporting CISV participants in connection with a CISV program must:

- Be 25 years old or older*;

- Carry automobile liability insurance with minimum limits of at least \$100,000 (per accident for bodily injury and property damage) and provide proof of such insurance to CISV;
- Have a clean driving record (no serious infractions and no more than two minor infractions).

The insurance company has agreed that an **Interchange leader who is at least 23 (but not yet 25) **and** has at least 5 years of driving experience can drive his or her co-leader during the hosting phase. An Interchange leader of this age **may not** drive youth, a junior leader, or any other CISV participants or volunteers, just the co-leader who is staying with him/her. All other CISV rules requiring a good driving record and adequate insurance apply. This exception does not apply to leaders or staff for any other programs.*

Signature: _____

Date: _____