

**VOLUNTEER BACKGROUND RELEASE FORM
(PLEASE PRINT CLEARLY)**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security No.: _____ Contact Phone No.: _____

Date of Birth: _____

Driver's License No.: _____ State*: _____ Exp. Date: _____

*Applicants with out-of-state driver's licenses must provide a copy of a current driving record.

Valid License: ☐ Yes ☐ No Type of License: ☐ Operator's ☐ Commercial (CDL)

I authorize the City of Kettering and any investigative agency of its choice to investigate my personal history, character and general reputation as it substantially relates to the duties and responsibilities of the volunteer position(s) for which I am applying, which may include my driving, safety inspection, arrest, conviction, verification of my education and employment history, a social media search, a fingerprint background check and a search of any public record available. These reports may be obtained at any time after receipt of my authorization and throughout my volunteer position with the City of Kettering.

I authorize any reference, school, former employer, military organization, police department or other person or agency to disclose to the City of Kettering or its agent, upon request, any information or records they may have about me and I release them from all liability for disclosing such information to the City of Kettering.

Photo Consent

I hereby grant City of Kettering permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the City of Kettering and will not be returned. I hereby irrevocably authorize City of Kettering to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing City of Kettering programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising from or related to the use of the photograph. I hereby hold harmless and release and forever discharge City of Kettering from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Acknowledgement of Risks

I understand, acknowledge, agree and accept full responsibility for all the risk of the activities I am voluntarily engaged in as a participant and/or spectator. I agree, covenant and promise to accept and assume total responsibility. I understand and acknowledge that I will not be provided with any medical insurance. I also understand and acknowledge that insurance coverage will not be provided to me.

Applicant Signature

Date

Requested By _____

Date

City of Kettering Police Department _____
Signature