

## Volunteer Background Check Authorization Harrison Township Public Library

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ DL#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Other names known by: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the Harrison Township Public Library in conjunction with the Macomb County Sheriff and the Michigan State Police to obtain any information concerning me, including information relating to my reputation, education, employment, physical health, and mental health. This information will be used to assist the library in determining my qualifications and fitness as a volunteer. I hereby release the Harrison Township Public Library, the Macomb County Sheriff, and the Michigan State Police from any liability or damage that may result from furnishing the information requested above. Further, I hereby expressly waive and release any special right of access I may have under any statute or the common law to the information that may be furnished about me to the Harrison Township Public Library.

\_\_\_\_\_  
Signature of Volunteer

Date: \_\_\_\_\_

\_\_\_\_\_  
Approved: May 21, 2018  
Harrison Township Public Library Board of Trustees