**Volunteer Criminal Background Check Authorization**

**PLEASE PRINT CLEARLY**

|  |  |
| --- | --- |
| **Applicant’s Name:** (i.e. first, middle, last name) | **Other Names Used:** (i.e. aliases, maiden, previous married names) |
| **Gender**: Female Male | **Date of Birth:** |
| **Driver’s License # & State Issued:** | **Social Security Number:** |
| **List States Where You Have Resided:** | |

Have you previously been employed by the State of Montana? Yes No

If yes, at what Department and under what name were you employed:

Purpose: Employment Contract work Tour Volunteer

Prison Paw Program Internship Vendor Other

If other, please explain:

Representing (if applicable):

(Name of company/organization you represent.)

**TO WHOM IT MAY CONCERN:**

I also authorize the Department to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for purposes related to the hiring decision for the position that I have applied and/or for purposes related to volunteering with the Department of Corrections.

**This authorization shall be valid and effective for the duration of volunteer service with the Department. I understand that I am obligated to report any new criminal charges to the Department’s volunteer coordinator.**

Have you ever been convicted of a felony? If the answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.

No Yes Date: Jurisdiction:

Have you ever been convicted of Partner Family Member Assault, either Felony or Misdemeanor, or been the subject of an Order of Protection? If the answer is yes, please provide the date of the conviction/order and the jurisdiction in which the conviction/order occurred.

No Yes Date: Jurisdiction:

**Applicant's Signature:** **Date:**