CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

I hereby give permission for First Unitarian Universalist Church of Austin to obtain information relating to my criminal history record. The Criminal History Record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication.

I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the Criminal History Record check may be repeated at any time.

I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned do, for myself, my heirs, executors and administrators, hereby remise, release and forever – discharge and agree to indemnify First Unitarian Universalist Church, and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and 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/staff member.

| Name (printed): | | |
|-----------------|-------|--|
| | | |
| | | |
| Signature: | Date: | |

Please return all pages to:

Laine Young
Interim Director of Lifespan Faith Development
First Unitarian Universalist Church of Austin
4700 Grover Ave., Austin, TX 78756

laine.young@austinuu.org

| For office use only | | | | | |
|--|------|------|----------|--|--|
| | Name | Date | Initials | | |
| Form Received by | | | | | |
| Drivers License and Social Security Card copied by | | | | | |

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

CONSENT TO PERFORM INVESTIGATIVE REPORT

| Last Name | First Name | | Middle Name or Initial | | or Initial |
|---|---|--|--|-------------|------------------|
| Maiden or other name(| s) used in any and all other records | of birth or recor | ds of residence, | | |
| * Address | Apartment or # | | | | |
| City | County | State | Z | Lip . | |
| ** Date of Birth | Social Security Number | **Gender | | *Race | |
| I. YES NO | responses to questions about my cri Have you ever been convicted or lude minor traffic misdemeanors). letails below. | | | federal, st | ate or municipa |
| State: | County: | | Date of Offense: | 1 | f |
| Details of conviction: | | | | | |
| municipal offense? If yes, please provide of | | and the second s | 9,423 10000 tim +4 0 tim 495 10005 | n for any | federal, state o |
| State: | County: | | Date of Offense: | | |
| Details of offense: | | | | | |
| | Have you ever-received probat If yes, please provide details below | | nity supervision | for any fe | deral, state o |
| State: | County: | | Date of Offense: | | |
| Details of supervision: | | | | | |
| | | | | | |
| 4. YES NO | Have you ever been convi nited States? If yes, please provi | | | n a count | ry outside the |

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

| Country: | City: | Date o | f Offense: |
|----------------------------------|---|---------------------------------------|--|
| Details of conviction: | 8 | | |
| | | consent form, do you have ar | ny pending charges against you? |
| If yes, please provide of State: | County: | Date o | of Arrest |
| Details of pending cha | | 17000 | 171100 |
| | TO BE USED TO LIST RADUATION OR AGE | | ATES OF RESIDENCE SINCE |
| CITY/TOWN | | COUNTY | STATE |
| | | | |
| | | | |
| | | | |
| TRUE, CORRECT OR INCOMPLET | T AND COMPLETE. E, I UNDERSTAND T PLOYMENT WILL F | IF ANY INFORMATION THAT GROUNDS FOR C | IN THIS CONSENT FORM IS PROVES TO BE INCORRECT ANCELING OF ANY AND ALI ED AT THE DISCRETION OF |
| Signed this | day of_ | | |
| APPLICANT (PRI | INT NAME) | | |
| APPLICANT'S SIG | GNATURE | | |