



913 W. Holmes Rd, Suite 115
Lansing, MI 48910

Phone: 517-397-3719
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Background Check Authorization

Authorization Agreement

I hereby willingly consent to the completion of a background investigation and authorize Lansing Area AIDS Network and/or its agents to request from any individual, company, firm, corporation, or public agency, including bona fide law enforcement agencies, any records or information pertaining to me. I further authorize any individual, company, firm, corporation, or public agency, including bona fide law enforcement agencies, to divulge any and all information, verbal or written, pertaining to me, including information or data received from other sources to Lansing Area AIDS Network and/or its agents.

It is my understanding that any information obtained in the course of the background investigation will be held strictly confidential by Lansing Area AIDS Network and its agents. Information gathered will be used on in connection with the volunteer application and placement process. I hereby authorize Lansing Area AIDS Network and/or its designated agents and representatives to conduct a comprehensive review of my background, which may include information concerning my criminal, motor vehicle, and other history.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke this authorization at any time, provided I do so in writing to Lansing Area AIDS Network.

Initials _____ **Yes** **No**

Please list any other names used within the last seven years

Disclaimer and Signature

I certify that I have read and understand the aforementioned information and consent to the Lansing Area AIDS Network performing a background check as a condition of my volunteer eligibility.

I understand that false or misleading information may result in my release from the Lansing Area AIDS Network Volunteer Program.

Signature: _____

Date: _____

