

# Consent for the RVCC Background Check

Full Legal Name \_\_\_\_\_  
(include Jr., Sr., III, etc. if applicable)

Maiden Name (if applicable) \_\_\_\_\_

Nicknames or Other Names Used \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

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

Previous Addresses within the last 5 years:  
\_\_\_\_\_  
\_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Best Phone Number to reach you if there are questions: \_\_\_\_\_

**Consent:** *I understand and agree that a criminal background check will be performed as part of the screening process for all individuals working with the children of the RVCC. I understand that this information may include personal information, criminal history, and potentially other public record information. I agree and authorize the release of such information by any third party agency as may be necessary for review by the RVCC. I fully release and hold harmless from all liability any individual and the RVCC for any results obtained in this screening or the release of relevant information. I recognize that this screening is being done in an attempt to provide reasonable safeguards for the children of the RVCC.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to any rehearsal or mail to:  
RVCC, 718 Joan Circle, Salem, VA 24153**