



## INDIVIDUAL AUTHORIZATION FOR CORI CHECK

I consent to having a background check into my fitness to be a Citizen Corps volunteer. This will include a criminal background check. By signing this authorization form I acknowledge that employers, references and other pertinent agencies and individuals may be contacted as to my fitness for this purpose. I authorize those parties contacted pursuant to this investigation to release any pertinent information they may have concerning me to the Barnstable County Sheriff's Office and any volunteer agency or government agency involved with Citizen Corps Emergency Preparedness, Response, and Recovery Operations, to include emergency dispensing sites.

I waive and release any right or claim that might arise, in the course of and/or resulting from this investigation. I agree to indemnify and hold harmless, including reasonable attorney fees, the Barnstable County Sheriff's Office, the Sheriff, Barnstable County, their elected officials as well as their officers, employees, agents and assigns. This waiver and release also covers and indemnifies any present or past employer, their officers, agents, principals, employees, and agents, as well as any person or party who respond to my background investigation.

A photocopy of this authorization and release will be valid as an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Signature (if applicant is under 18)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Phone Number

Submitted by: Shaun Cahill  
Name of Program Manager

Submitted for: The Sheriff's Citizens Academy  
Name of Program