RELEASE AND AUTHORIZATION TO OBTAIN CRIMINAL HISTORY AND RECORD REPORT

I, the undersigned, hereby consent, authorize and release **The Global Village Project, Inc.;** its employees, officers, directors and advisors; its affiliates; its subcontractors; and/or its agents (collectively, hereinafter referred to as "the Organization") to procure criminal history reports about me for employment and volunteer purposes. These reports may be obtained through, but not limited to, the following sources: motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history/records, and any other public records.

I hereby release the Organization from any and all liabilities, claims and/or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liabilities, claims and/or lawsuits, by me, my heirs or others making such claims or demands on my behalf, for providing the criminal report(s) authorized therein.

Further, if I am selected as an employee or volunteer for the Organization I understand and authorize that a periodic investigation of my criminal history and record may be requested for the duration of my association with the Organization. I understand that this release and authorization shall remain in effect for the duration of my association with the Organization. Additionally, I hereby authorize the Organization to investigate any allegations of misconduct related to my association with the Organization made against or involving me both during and after the term of my association with the Organization.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Organization's sole judgment, will be cause to terminate my associate with the Organization, or to cancel further consideration of my application for employment and/or volunteer opportunities, whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of employment or volunteer opportunity is being made. I agree that a photocopy of this authorization will be accepted with the same authority as the original.

My signature below also indicates that I have received a Summary of Rights in accordance with the Fair Credit Reporting Act.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature: _____ Date: _____

Please Print: Name: _____
First Middle Last

*Date of Birth: _____ Social Security Number: _____ - _____ - _____

Gender (check one): _____ _____ Daytime Phone Number _____
Male Female

Driver's License # _____ Issuing State: ____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street Number and Street Name Apt# City State Zip

Are you a resident of or applying for a position in California, Minnesota, or Oklahoma? Yes_____ No_____
If yes, would you like a copy of any consumer reports requested sent to you? Yes_____ No_____

* Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the Organization. The Organization does not discriminate on the basis of sex, religion, veteran status, age, or disability.