



VOLUNTEER/TEACHER APPLICATION AUTHORIZATION AND RELEASE FORM

In connection with my participation with F.A.I.T.H.Homeschooler's Inc.'s Co-Op as a Volunteer,

I, _____, do hereby authorize F.A.I.T.H. Homeschoolers, Inc., a Nevada non-profit corporation, and any agent(s) acting on its behalf, to conduct an inquiry into any information related to my potential volunteering with or teaching at F.A.I.T.H. Homeschoolers, Inc.'s Co-Op hosted by, but in no way associated with, Mountain Vista Baptist Church of Carson City, Nevada, and authorize the release of such information, including, but not limited to, any criminal conviction on my record.

Moreover, I hereby release F.A.I.T.H. Homeschoolers, Inc., and any agent(s) acting on its behalf, from any and all liability of whatsoever nature by reason of requesting such information from any person, agency, or entity.

I have been informed and understand that as a volunteer-parent and/or teacher applicant with F.A.I.T.H. Homeschoolers, Inc., I must clear the required and recommended background screening(s), including, but not limited to, a public records background screening, a criminal history investigation, and a Nevada Registered Sex Offender screening, as a condition precedent to my volunteering with and/or teaching at F.A.I.T.H. Homeschoolers, Inc.'s Co-Op.

I understand that F.A.I.T.H. Homeschoolers, Inc. may use the information received as a result of the required and recommended background screening(s) to determine whether to allow or continue my volunteering with and/or teaching at F.A.I.T.H. Homeschoolers, Inc.'s Co-Op, or to take other action with regard to mine and my child/ren's participation in the Co-Op.

Should the required and recommended background screening(s) result in valid negative information, I will immediately vacate my volunteering position and/or teaching position with F.A.I.T.H. Homeschoolers, Inc.'s Co-Op, and will immediately discontinue my participation and my child/ren's participation in the Co-Op.

I agree to pay the charges for rolling of fingerprints required for the processing of my fingerprints through the Central Repository for Nevada Records of Criminal History.

Signature

Date

Social Security Number: _____ Date of Birth: _____

Current Address: _____

Aliases, if any: _____