

**CONSENT TO PERFORM NON-EMPLOYMENT BACKGROUND CHECK  
FOR CITY OF COPPELL VOLUNTEERS**

***All information must be completed, including Social Security Number, for acceptance.***

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Last Name First Name Middle Name or Initial

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Maiden or other name(s) used in any and all other records of birth or records of residence.

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\* Address Apartment or #

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City County State Zip

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\*\* Date of Birth Social Security Number \*\*Gender \*\*Race

**\*\*TO BE USED FOR NON-EMPLOYMENT BACKGROUND CHECK PURPOSES ONLY**

In connection with my application and desire to engage in volunteer activities, I have been advised and I hereby consent and authorize \_\_\_\_\_ and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to \_\_\_\_\_'s use of any information provided on this form or during the application process in performing the non-employment related background check. I agree to release, indemnify and hold harmless \_\_\_\_\_ and any agency used by \_\_\_\_\_ with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of \_\_\_\_\_. I acknowledge that facsimile, copy or electronic version of this form shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. \_\_\_ YES \_\_\_ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).  
If yes, please provide details below.

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State: County: Date of Offense: / /

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Details of conviction:

2. \_\_\_ YES \_\_\_ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?  
If yes, please provide details below.

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State: County: Date of Offense:

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Details of offense:

Submit:  
City of Coppel, HR Dept., D. Yater, PO Box 9478, 255 Parkway Blvd., Coppel, TX 75019

3.  YES  NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of supervision:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  YES  NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of conviction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.  YES  NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

Details of pending charges:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT THIS WILL BE GROUNDS FOR DENYING OR TERMINATING MY ABILITY TO PROVIDE VOLUNTEER SERVICES FOR \_\_\_\_\_.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

APPLICANT/VOLUNTEER (PRINT NAME) \_\_\_\_\_

APPLICANT/VOLUNTEER SIGNATURE \_\_\_\_\_

Submit:  
City of Coppel, HR Dept., D. Yater, PO Box 9478, 255 Parkway Blvd., Coppel, TX 75019