



Authorization and Consent for Release of Information

As a condition of volunteering with Victim Services, Youth Initiatives, Court Monitoring or Public Policy, Mothers Against Drunk Driving (MADD) requires that all volunteers consent to and authorize a verification of the background information submitted on his / her application or resume. MADD requires that a background check be resubmitted annually. MADD National staff will provide you with the form and tell you when to resubmit the appropriate documents.

I, the undersigned volunteer, do hereby certify that the information provided by me for the purpose of working with youth and victims is true and complete to the best of my knowledge. I understand that if I am approved to work with youth, any false statements will be considered cause for immediate dismissal.

This release and authorization acknowledges that MADD may now, or at any time while I am working with youth or victims, conduct a verification of my education, previous employment/work history, obtain motor vehicle records, or receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency in any state and/or other information as deemed necessary to fulfill the position requirements. Further, MADD may now, or at any time while I am working with youth or victims, with reasonable cause, test for the presence of drugs or alcohol. All results will be proprietary and will be kept CONFIDENTIAL. This information will not be provided to any parties other than to designated personnel.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to, by and through MADD, including but not limited to: any courthouse, any public agency, and all law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. A copy of this authorization and release shall be as valid as the original.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and agencies to provide MADD with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of requested information. If you feel that there is discrepancy in the information acquired, you may call (800) GET-MADD and ask for Human Resources.

Your Name: _____

Your Signature: _____

Date: _____