Criminal History and Child Abuse Clearance

If you intend on volunteering with our Produce 4 Kids distributions or Mobile Markets, or if you are volunteering due to court ordered obligations you must have a signed "Authorization to Release Information" form on file at the Greater Berks Food Bank.

Information obtained/acquired will remain confidential and in a locked cabinet.

l,			
Last Name	First Name	Middle Name	
Current Address		Dates Lived Here	
Addresses for the Past 7 Years: (includ	e street, city, state, zip code):	·	
			
Date of Birth	Other Names Used (including maiden name)	Years Used	
Social Security Number	Driver's License #	State	
Email Address (For official co	orrespondence)		
Greater Berks Food Bank to obtain privileged or confidential in nature Bank uses this authorization form employment and/or volunteering.	of criminal history and child abuse clearance from an n, whether the said records are public or private, and e and I release all persons from liability on account of exclusively for criminal history and child abuse clears All information is confidential. I certify that I have mabove. This authorization is valid for one year from the	I including those which may be deemed to be such disclosures. The Greater Berks Food ance and determines any suitability for ade true, correct, and complete answers and	
I understand and agree that any or sufficient grounds for rejection of	mission, false statement, misleading statement, or ar employment/volunteer opportunities with Greater E	nswer made by me on this form will be Berks Food Bank.	
Printed Name	Volunteer/Employee Signature	 Date	