

VICTIM/WITNESS ASSISTANCE PROGRAM

RELEASE OF INFORMATION

As a Victim Assistance Volunteer Applicant, I understand that a thorough investigation of my background is necessary to protect the victims with whom I may come in contact.

I release all of the below listed information to the Victim/Witness Assistance Program to be used to determine my acceptance as a volunteer:

1. Past and present employment records and information, to also to include any military employment/service records.
2. Personal characteristics and activities information.
3. Local, state, federal criminal activities information to include both misdemeanor and felony offenses.
4. Past and present educational records and information.
5. Medical (including psychiatric) records and information.
6. Psychological/Counseling records and information.

I also understand that any information disclosed through such release shall be kept in strict confidence by the Victim/Witness Assistance Program and will be used only to determine my eligibility or continuation of volunteer services with the program. I also waive my right to see all information released to the Victim/Witness Assistance Program.

APPLICANT'S PRINTED NAME

DATE OF BIRTH

APPLICANT'S SIGNATURE

TODAY'S DATE

APPLICANT'S SOCIAL SECURITY NUMBER

Taken, subscribed, and sworn to before me this _____ day of _____, 19____.

My commission expires:_____

NOTARY PUBLIC