

# OFFICE OF THE ADJUTANT GENERAL

## South Carolina Youth Challenge Program

### Volunteer Notice and Authorization For Background Check

#### NOTICE

This is to inform you that the South Carolina Youth Challenge Program (SCYCP), through the Office of the Adjutant General, may obtain information about you and/or your history related to potential criminal activity. The report from authorized sources may include, among other information, arrest, conviction, and driving record information. SCYCP, through the Office of the Adjutant General, may additionally obtain information concerning your background, character, medical conditions, employment, education and military experience. Information obtained by SCYCP will be used only for the purposes of assessing your suitability to become a volunteer.

#### AUTHORIZATION

I hereby authorize and instruct SCYCP, through the Office of the Adjutant General, to procure a report on me, including criminal background history, which I understand may include, among other information, arrest, conviction, and driving record information. I also authorize and instruct SCYCP, through the Office of the Adjutant General, to verify my Social Security number and to investigate my background and character in any manner they see fit to evaluate my potential as a volunteer, including obtaining information from medical providers, employers, educational institutions, military agencies, and other sources. If I become a volunteer for SCYCP, I authorize SCYCP, through the Office of the Adjutant General, to repeat these investigations at any time for as long as I remain a volunteer. I authorize and instruct any individual, corporation, and public or private entity having knowledge about me to furnish SCYCP, through the Office of the Adjutant General, any and all information they may have regarding me. I unconditionally release and hold harmless SCYCP, the Office of the Adjutant General, and its officers, agents, and employees, and any person furnishing information to them pursuant to this authorization, from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information. I additionally agree to indemnify SCYCP, the Office of the Adjutant General, and its officers, agents and employees for any and all attorney fees, court costs, and other expenses resulting from investigating my background, gathering information concerning me, or verifying personal information about me. I understand the information obtained by SCYCP, through the Office of the Adjutant General, pursuant to this authorization is confidential and will be protected as much as reasonably possible. Furthermore, I understand that SCYCP holds the right to deny my participation as a volunteer at SCYCP, and, for confidentiality, is not required to disclose the reason(s) for doing so. A photocopy of this authorization may be accepted in lieu of the original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**PERSONAL IDENTIFICATION AND BACKGROUND INFORMATION**

(Please Print)

Complete Legal Name: \_\_\_\_\_ Gender: M      F

If name changed (through marriage or otherwise), former name:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_ Expires \_\_\_\_\_

Residences (Past 7 years)

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Have you ever been charged with or convicted of a misdemeanor? No      Yes

Details:

Have you ever been charged with or convicted of a felony? No      Yes

Details:

Have you ever been cited for a traffic violation? No      Yes

Details: