



CRIMINAL HISTORY DISCLOSURE

For the safety and wellbeing of our museum staff, volunteers and visitors, please read the following and sign below:

- I authorize Albany Regional Museum to conduct a background check and I release from all liability and hold harmless any person giving or receiving information about me relative to the investigation.
- I understand that any falsification, misrepresentation or omission of information discovered as a result of this investigation may prevent me from volunteering with Albany Regional Museum.
- I declare that I have never committed nor been charged or convicted of a felony or of any act of abuse, neglect, exploitation or fraud in relationship to a dependent or vulnerable child or adult.
- I understand that the information from the criminal history record shall be used in part to determine my eligibility to participate as a volunteer at the Albany Regional Museum. I also understand that as long as I remain in the service of Albany Regional Museum that the criminal check may be repeated at any time.
- I understand that I will have an opportunity to review the criminal history as it was received from the reporting agencies and that there is a procedure available for clarification if I dispute the record.

Please print:

Name _____

First

Middle

Last

Maiden name (if applicable) _____

Address _____

Address in the last five years if not listed above

Driver's License Number & State of Issue _____

Date of birth _____

Month

Day

Year

Signature _____ **Date** _____