

## **Authorization and Consent for Disclosure of Criminal History Information**

Parks and Recreation
Department

In connection with the evaluation of my suitability for volunteer status services with Williamson County and Williamson County Parks Department, I give my consent for Williamson County and Williamson County Parks Department to obtain criminal history information related to my application for volunteer status services with Williamson County and Williamson County Parks Department. I understand that criminal history information includes any criminal conviction records for deferred adjunction, misdemeanor or felony offences at age 17 or older. Any such information will be used solely for volunteer status services related considerations and not for any other purposes.

I authorize, consent, and grant permission to any person or entity to release to Williamson County and Williamson County Parks Department or its agent(s) any and all information regarding my criminal history. I waive any claims I may have with respect to providing such information. I understand that Williamson County and Williamson County Parks Department and its agent(s) are not responsible for the accuracy or completeness of the information contained in such reports. I release Williamson County and Williamson County Parks Department and its agent(s) from any and all liability, claims, and lawsuits with respect to the information obtained from any and all the sources used by Williamson County and Williamson County Parks Department and its agent(s).

I understand that this authorization is not an offer of employment or volunteer status services with Williamson County and Williamson County Parks Department and that any false or misleading information I have provided to Williamson County and Williamson County Parks Department may result in a refusal to offer or continue volunteer status services. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform Williamson County and Williamson County Parks Department in writing that I revoke this authorization.

## **Please Legibly Print or Type:**

Print Name:			
	(Last)	(First)	(Middle)
Address:			
	(Street or P.O. Box)	(City)	(State) (Zip Code)
Date of Birth:	(MM / DD / YYYY	_	Female Male
Social Security	Number:	Phone:	
Driver's License	e Number: (State) (Number)		
Signature of Applicant			(Date)
Williamson Co	unty Human Resources: Appro Date:	ved By:	