



**WOMEN'S RESOURCE CENTER
OF NORTHERN MICHIGAN, INC.**

RELEASE OF INFORMATION

APPLICANT: We ask that you sign this release form so we may request information pertinent to your background.

RELEASE: Having made application for volunteering with the Women's Resource Center of Northern Michigan, Inc. (WRCNM) and desiring them to be informed as to my background and character, I hereby authorize the WRCNM to investigate my past record. This information will consist of checking any and all job references, personal references, case records that may be on file with the WRCNM Programs, State of Michigan Protective Services, the Michigan State Police Records Bureau and the U.S. Department of Justice Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking. I release my present and past employers, references, and all persons whomsoever from any damage because of furnishing said information.

(please **print** clearly)

Last Name _____ First Name _____ MI _____

Signature _____ Date _____

If you are known by another name and/or have a maiden name, please include that information:

Current Address: _____ City _____ ST _____ Zip Code _____

Previous Address: _____ City _____ ST _____ Zip Code _____

Date of Birth: _____ Female _____ Male _____ Other _____

Race (please select one):
___ African American ___ Multiracial
___ Asian Pacific Islander ___ Native American
___ Caucasian ___ Native Hawaiian/Other Pacific Islander
___ Hispanic

For Office Use Only ICHAT _____ MSP _____ FED _____ EMPOWERED _____ DA/MCL _____ ACCESS _____