

As a present or prospective volunteer for the Wixom Public Library, I understand it is the Wixom Public Library's practice to secure criminal and/or driving history information as part of the screening process using the information below. Information on this form is kept on file for no longer than one year after the approval date.

Name:	
Maiden/other name previously used:	
Address:	
City / State / Zip:	
Phone:	
Email:	
Date of Birth:	
Driver's License Number:	
I hereby authorize Wixom Public Library to conducton only criminal background history sear consent to this search being conducted and to the individual or entity to the Wixom Public Library individual or entity conducting the search, and Wixom any and all liability, claims and damages, in releasing or using any information revealed as packnowledge that criminal convictions may result wixom Public Library reserves the right to terminal	rch and sex offender registry search. I hereby he disclosure of the result of that search by y and City of Wixom. I further release the Vixom Public Library and the City of Wixom, ncluding, but not limited to, claims for art of this search. I also understand and alt in disqualification from volunteering.
Signature:	Date: