

BACKGROUND CHECK AUTHORIZATION

The Cal-Nevo-Ha District of Kiwanis International is committed to the highest standards of practice to ensure the safety and security of the young people engaged in its programs. Our District policies require all adults working directly with youth will undergo a background check prior to beginning their first year of activity and every two (2) years thereafter.

Please complete and sign this form and send to the Kiwanis District Office with a check made payable to CNH Kiwanis in the amount of \$30.00. Upon submission of this form, the Kiwanis District Office will send you an email with a link to Safe Hiring Solutions, the authorized service provider used by Kiwanis to run background checks.

Please note the process to run your background will not begin until you click on the link provided in the email.

Your club will only hear from us if there is an issue found with the background check.

Full Name _____

Preferred Email Address *(Please note your email address is required to process a background check)* _____ Daytime Phone _____

Current Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Primary Kiwanis Club _____ Additional Kiwanis Club(s) If you are not a member of any additional clubs, please state "none" above; if more space is needed to list additional clubs, please use back of form.

I authorize any law enforcement agency to supply any and all pertinent information and release same from any liability resulting from submitting/releasing such information.

Signature _____ Date _____

Please check here if you have had a background check run by Kiwanis International within the past 24 months. If you check this box, you do not need to submit payment; however, if we cannot confirm with Kiwanis International that a background has been completed within the past 24 months, the Kiwanis District Office will contact you for payment.