

## Crime Check Compliance Inc.

## **VOLUNTEER CANDIDATE AUTHORITY TO RELEASE INFORMATION**

Ms. Mrs. Mr.	
(APPLICANT)	
We appreciate your interest in(ORGANIZATIO	DN NAME)
As a part of our normal procedure for processing ap and suitability for the position may be conducted du concerns information on an applicant's character, ge checks, and verification of information on your previ	ring the next few days. The inquiry typically eneral reputation, qualifications, reference
Would you please read the following statement and indicate your agreement by signing below.  I authorize all persons, agencies, business organizations, schools, companies, police forces, corporations, and agency or clerk of court of municipal or provincial government; to supply your company and/or its agent(s) (Crime Check Compliance Inc. (3Cl) ) any information concerning me. I release and hold harmless your organization and its agent(s) Crime Check Compliance Inc. (3Cl) and their Directors, Officers, Agents, Servants, and Employees from and against all claims, demands, Liabilities, responsibilities, and damages of any kind, in law or in equity, related to or occasioned by, and any activities of whatsoever nature incidental thereto relating to this inquiry of information. I understand that this information will be treated in a confidential manner by your organization and its agent(s) Crime Check Compliance Inc. (3Cl).	
(SIGNATURE)	(DATE)

3CI - CRIME CHECK COMPLIANCE INC. 905-857-7179

Website - www.cccinc.ca