



## Criminal History Background Check Waiver and Release Form

It is a policy of the City of Algona that a criminal history background check be done on any employee or volunteer, as well as any prospective employee or volunteer, who is involved in programs sponsored by the City of Algona that serve youth or disabled individuals. When doing the criminal history background check, the City of Algona may obtain information on me in writing or verbally from records that are maintained or may be obtained by the Algona Police Department, the Division of Criminal Investigation for the State of Iowa, the Interstate Identification Index and/or the National Sex Offender Registry. I authorize and consent to the full release of any and all information, either orally or in writing, to the authorized representatives of the City of Algona. The City of Algona will utilize the information obtained to determine if the undersigned should be involved in programs sponsored by the City of Algona that serve youth or disabled individuals. By signing this "Criminal History Background Check Waiver and Release Form", the undersigned is hereby consenting to the City of Algona and all other previously named agencies to conduct a criminal history background check on me. The background check may be done on an annual or more frequent basis, using the information set forth below.

**PLEASE PRINT LEGIBLY**

Name:

\_\_\_\_\_  
*Last First Middle (Maiden)*

\_\_\_\_\_  
*Address City State Zip code*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender: \_\_\_\_ Female \_\_\_\_ Male  
*Month Day Year*

\_\_\_\_\_  
*Signature Date*

\_\_\_\_\_  
*Signature of Parent if Person above is a Minor (age 17 or younger) Date*