

Date: _____

CONSENT FOR A CRIMINAL BACKGROUND CHECK

| Name | | Maiden | Name |
|-------------------------|----------|--------|-----------|
| Position (check one) | Employee | | Volunteer |
| Social Security Number | | | |
| Driver's License Number | | State | |

Statement Regarding Criminal History:

I have not been convicted of any of the following:

| | Yes | No |
|---|-----|----|
| Any felony or an attempt or conspiracy to commit a felony | | |
| Any misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct; involving | | |
| fraud or theft against an adult and/or child | | |
| Any state or federal crime that is substantially similar to a misdemeanor described in this | | |
| statement | | |

Understandings and Agreements:

I authorize Bo Jackson's Give Me a Chance Foundation (GMACF) to conduct a background check with LexisNexis Screening Solutions as part of the application process to volunteer with GMACF.

I understand that a background check is necessary to ensure that I am able to work with children and those associated with GMACF, including other events and volunteer opportunities. All personal information gathered from this screening process will be kept confidential and will only be used for the purposes of GMACF. I also understand and agree that, if I am found to have a criminal background as described in this consent that I may be denied the opportunity to work/volunteer for GMACF.

Signature of Applicant

Date

Signature of Witness

Date