

Background Check Policy

In May 2005, the Board of Directors for NASAR approved the policy to have all Staff, Board of Directors, Instructors, Coordinators and Evaluators go through the background check process to comply with the National Child Protection Act.

Please complete the attached authorization form and mail it in with the \$20 processing fee.

It is also acceptable to have an affidavit from a person's employer as this will satisfy the needs of the act and demonstrate that NASAR has shown due diligence. The affidavit **MUST** come from the employer that ran the background check, must be on company letterhead, must have name and contact information of the employer to confirm if necessary, and must show that the background check was performed within the past five years. The background check must meet the criteria set in section XIII in the Background Check policy found on the NASAR website at http://www.nasar.org/nasar/about_us.php.

Current Instructors, Evaluators and Coordinators must complete the authorization form or send in the affidavit by December 15, 2005 or they will be removed from their roles.

Any new candidate must submit the authorization form or affidavit prior to their instructor workshop.

Background Check Authorization Form

During the application process and at any time during the tenure of my contractor retention with the National Association for Search and Rescue, I hereby authorize Pinnacle Investigations., on behalf of the National Association for Search and Rescue to procure a criminal background check. This report may be compiled with information from the FBI, State law enforcement agencies, courts record repositories, departments of motor vehicles and governmental occupational licensing or registration entities. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

You may fax this completed form to (703) 621-3976
Or mail to NASAR, PO Box 232020, Centreville, VA 20120-2020

Applicant Printed Name Applicant Signature Date

Social Security Number Date of Birth

Witnessed by: _____
Printed Name Signature Date

MN & OK Residents please note: In connection with your application, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

Yes, I am a Minnesota resident and would like a free copy of my consumer report

Yes, I am an Oklahoma resident and would like a free copy of my consumer report

Printed Name _____

Street Address _____

City, State, Zip _____

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