



# Release For Background Check

Please complete, sign and return to The Dragonfly Foundation, 9275 Governors Way, Cincinnati, OH 45249 or email it to [info@TheDragonflyFoundation.org](mailto:info@TheDragonflyFoundation.org). Please make sure that your social security number is legible and correct.

Please consider making a donation (at your comfort level). We incur an expense with each background check.

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Name:

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Address

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City

State

Zip

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Social Security Number

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Date of Birth

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Driver's License Number

I authorize the investigation of all matters contained in my volunteer application. I give The Dragonfly Foundation permission to perform a complete background check including permission to contact persons and entities listed on my volunteer application and law enforcement officials. I release The Dragonfly Foundation from any liability as a result of such contacts. I further authorize a criminal background check to be performed.

I understand that misrepresentations, omissions of facts, or incomplete information requested in my volunteer application may remove me from further consideration for a volunteer position. In addition, if I am retained as a volunteer, any misrepresentations, or omissions of facts called for in the application, will be cause for dismissal at any time without any previous notice.

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Signed

Date: