



Medicine Horse Center



VOLUNTEER RELEASE OF INFORMATION

FEDERAL BACKGROUND CHECK

I, _____, hereby authorize the Medicine Horse Center, along with law enforcement agencies, to conduct a criminal background check. This information will be handled in a confidential manner, for the sole purpose of determining suitability as a volunteer for Medicine Horse Center.

Full name _____

Any other name known by _____ Date of Birth _____

Social Security Number _____

Length of residency in Colorado _____ Former city/state of residency _____

Signature _____ Date _____

This release of information consent remains in effect until one year from date signed by applicant.

Thank you.

Medicine Horse Center
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