



**22<sup>nd</sup> Annual Inter-Tribal Journey**  
**July 25-31, 2011**  
**Consent for Reference and Background Check**  
(fill in form)

Volunteer Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Desired Volunteer Position (if any): \_\_\_\_\_

I give permission to the Swinomish Indian Tribal Community (“Tribe”) to inquire into my background, references, police records, and employment or volunteer history. I authorize the holder of any information concerning these matters to release that information to the Tribe. I release and hold harmless the Tribe of any liability, criminal or civil, that may arise from the release of any information about me. I also release and hold harmless any individual or organization that provides information to the Tribe under the permission given in this paragraph. I understand that the Tribe will keep confidential the information obtained and will use the information only as part of its determination to accept me as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR POLICE DEPARTMENT USE ONLY**

Background check performed on \_\_\_\_\_  
(date)

- Volunteer recommended for service in requested position
- Volunteer recommended for service in alternate position
- Volunteer not recommended for service as a volunteer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date