Back Ground Check Request Form
For the Odd Jobs Connection

Full Name: _____

Birth date: __/__/____ ( in Month/day /Year format For example 02/04/1975)

Social Security Number: _ _ _- _ _-_ _ _ _

I hereby authorize Roane County Cooperative Ministries ("RCCM"), or any of its designated agents or representatives, to contract with a third-party of RCCM's choosing to conduct a comprehensive review of my background. I hereby release and forever discharge RCCM and each of RCCM's officers, directors, employees, and agents, and hold them harmless from and against any and all causes of action, suits, liabilities, costs, debts, or other losses, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background.

| _____ | _____ | _____ |
|---|---|---|
| Printed Name | Signature | Date |