



Kansas City Indian Center
600 W 39th Street
Kansas City, MO 64111
(816) 421-7608

www.kcindiancenter.org

Volunteer Background Check Release and Volunteer Waiver Form

Volunteer Background Check Release

In order to provide a safe and healthy environment for families, please understand we will review relevant public documents regarding criminal activity. If the background check indicates you have had any charges, these charges will be reviewed by the Board of Directors to determine whether you will not be considered as a volunteer; in addition, the Kansas City Indian Center reserves the right to deny a volunteer position at any time, for any reason or no reason at all.

Name (Print): _____
(Last) (First) (Middle Initial) –Required

Other Names Used: _____

Address (street, city, state, zip): _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____ - Sex: _____

I authorize the Kansas City Indian Center to process my application for serving as a volunteer by reviewing my criminal background. I hereby release the Kansas City Indian Center, its employees, representatives and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

By signing your name and dating this authorization, you are hereby confirming the accuracy of the information provided above and granting the Kansas City Indian Center permission to do a background check, as it deems necessary.

Signature: _____ Date: _____

Volunteer Waiver

It is my desire to perform volunteer services for the benefit of the Kansas City Indian Center. I understand that the Kansas City Indian Center is allowing me to perform these volunteer services subject to my complete understanding that the Kansas City Indian Center will not provide me with any type of insurance or other loss coverage. Volunteers on the Board of Directors may have Board and Officer coverage as deemed by the Board of Directors. Based upon the above, I agree to indemnify, defend and hold harmless and release the Kansas City Indian Center and its elected and appointed officials, officers, employees and authorized representatives from and against any and all liability, loss, damage, expenses, costs (including attorney's fees) arising out of or in any way attributed to the activities performed at Kansas City Indian Center.

By Signing this agreement, I acknowledge that I have read it in its entirety, have given the terms due consideration, understand the terms and understand that I am freely and voluntarily giving up certain rights. I further intend that this agreement shall be binding upon all of my successors, heirs, assigns, receivers and the like.

Today's Date: _____

Signature of Volunteer: _____