



**Department of Human Resources**

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Akron, OH 44301-1255 www.co.summitoh.net

Consent and Release

**Record Check/Volunteer Opportunity**

Employee name (Last)	(First)	(MI)	HRD/Summit County Representative	Date
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**Prior to receiving permission to volunteer with the County of Summit**, an applicant is required to submit to an investigation of criminal history background by appropriate law enforcement agencies.

I, \_\_\_\_\_, understand that if permission to volunteer is extended by the County of Summit, it is absolutely conditional upon the return of a satisfactory criminal record report from appropriate law enforcement agencies.

**I FURTHER AGREE THAT MY OPPORTUNITY TO VOLUNTEER** with the County of Summit WILL BE TERMINATED IMMEDIATELY upon the agency’s receipt of a verified unsatisfactory criminal records report from appropriate law enforcement agencies.

**I AGREE TO HOLD THE COUNTY OF SUMMIT, AND ITS AGENTS, LEGAL REPRESENTATIVES, AND EMPLOYEES HARMLESS FROM ANY AND ALL CLAIMS OR LIABILITIES, DAMAGES, AND/OR RELATED EXPENSES OF ANY TYPE OR NATURE ARISING FROM, RESULTING FROM, OR ATTRIBUTABLE TO THE OPERATION OF THE AGENCY’S EMPLOYEE RECORD-CHECK POLICY AND THE PROCEDURES UTILIZED IN ITS IMPLEMENTATION.**

The agency’s agrees that it shall not use any information or record obtained hereunder for any purpose other than the implementation of its Volunteer Opportunity Record-Check.

▶ \_\_\_\_\_  
 Applicant’s signature

▶ \_\_\_\_\_  
 Date