

Most Worshipful Prince Hall Grand Lodge of Texas

~ CONFIDENTIAL ~

Youth Camp Background Check Authorization

Deadline: May1,2018

Print Name

First

Middle

Last

Current Address

City/State/Zip

Social Security Number

Date of Birth

Month

Day

Year

D.L. Number/State

Telephone Number

Area Code

Have you ever been convicted of a misdemeanor or felony?

Yes

No

If yes, briefly explain

Application Will Be For:

Counselor

Cooking Staff

- The information contained in this authorization is correct to the best of my knowledge. I hereby authorize The Most Worshipful Prince Hall Grand Lodge, Jurisdiction of Texas and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.
- I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to The Most Worshipful Prince Hall Grand Lodge, Jurisdiction of Texas or its agents.
- I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.
- I hereby release The Most Worshipful Prince Hall Grand Lodge, Jurisdiction of Texas, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

PRIVACY NOTICE: THE INFORMATION CONTAINED IN THIS DOCUMENT IS CONFIDENTIAL AND WILL NOT BE SHARED WITH A THIRD PARTY. COPIES OF THIS AUTHORIZATION ARE TO BE CONSIDERED AS ORIGINALS.

Signature: _____

Date: _____

**Mail this Authorization form to the Grand lodge along with your counselor application.
Counselor applicants do not have to pay \$20.**

Mail this authorization form to:
Most Worshipful Prince Hall Grand Lodge of Texas
P. O. Box 1478 | Ft. Worth, TX 76101
Phone: 817-534-4612 | Fax: 817-534-9289