

# Appendix A

## Hospitality INC. Volunteer Background Check

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Driver's License/State ID #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Please list any other names that you have used  
(last/first/middle): \_\_\_\_\_

I hereby authorize the MSP ICHAT user representative of Hospitality INC., bearing this Authorization, to obtain information from the Michigan State Police ICHAT system pertaining to my criminal history or information that may make me unsuitable as a volunteer.

I hereby authorize you to release such information upon request of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by Hospitality INC with Prayer & Praise Assembly of God being their fiscal agent.

I hereby release you, the organization in which you represent, including its members, 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 for Release of Information, or any attempt to comply with it.

**This Authorization will continue in effect for 90 days from the date of signature.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please mail the completed Volunteer Background Check and Application forms to:**

**Hospitality INC, ICHAT Representative  
c/o Tim Martin  
1336 N. Lendale Road  
Ludington, MI 49431**