

**RELEASE OF LIABILITY AND AGREEMENT TO SUBMIT TO A NATIONAL CRIMINAL HISTORY CHECK**

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

I, \_\_\_\_\_, agree to submit to a  
Printed name

**national criminal history check through L-1 Identity Solutions for the purpose of providing volunteer services in the John R. Roach Juvenile Detention Center. If I am arrested after this date I will notify the Superintendent of this facility as soon as possible.**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ DL #: \_\_\_\_\_

SS #: \_\_\_\_\_ Sex: \_\_\_\_\_ female \_\_\_\_\_ male

**I will not in any way hold the County of Collin; Director of Juvenile Probation Department, Superintendent of Detention, the Collin County Juvenile Probation Department; or any individual staff member of the Collin County Juvenile Probation Department or the John R. Roach Juvenile Detention Center responsible or liable for any injury or loss incurred by me during my service to the Volunteer Unit of the agency. I will immediately notify Danny Meek of any injury or loss that happens to me while providing volunteer services in the center. I understand that all Juvenile matters are confidential and will not discuss or disclose any information pertaining to the juveniles in this detention center with anyone other than Collin County Juvenile employees, contract personnel, or other registered volunteers of this agency.**

I am affiliated with the following Agency/Church: \_\_\_\_\_

Agency/Church Contact Person: \_\_\_\_\_

Religious  
 Non-Religious

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
DATE

UPDATED 10/01/09

RETURN TO SUPERINTENDENT