

**Mecklenburg County Sheriff's Office  
Contracted Service Providers / Volunteers Background Screening  
Consent and Authorization Form**

The Mecklenburg County Sheriff's Office conducts criminal background screenings on all persons volunteering or working inside of Sheriff's Office facilities. All questions must be answered truthfully. Answering Yes to any of the criminal history questions is not an automatic disqualifier for a potential volunteer or contracted service provider. **Failure to disclose pending or past criminal charges may result in a denial and disqualify applicants from accessing Sheriff's Office facilities.**

Service Provider or Volunteer Type Information:		
<input type="checkbox"/> Aramark	<input type="checkbox"/> Wellpath	<input type="checkbox"/> TKC Mngt Services
<input type="checkbox"/> Adult Resident Programs	<input type="checkbox"/> Youth Resident Programs	<input type="checkbox"/> Faith Based Volunteer
<input type="checkbox"/> Contractor Name:		<input type="checkbox"/> Other:

Required Applicant Information:			
Full Name:	Last:	First:	Middle:
DOB:	Month:	Day:	YYYY:
Last 4 Digits of SSN:	Driver's License:		State Issued:
Aliases or Other Names:			
Ethnicity:	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native
	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other or Unknown
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Current Address:	Street:		
City:	State:	Zip Code:	
Telephone:	Email Address:		

Emergency Contact Information:			
Name:		Relationship:	
Address:		City:	
State:		Zip Code:	
Telephone:	Home:	Work:	Mobile:
Email Address:			

Address History for the Previous 10 Years:				
From:	To:	Address:	County:	City / State:
May 2000	Oct 2015	1234 South Drive, Apt 1	Mecklenburg	Charlotte, NC

\*If additional space is needed, please attach additional pages as necessary. \*

### Criminal History Questions:

1. Do you have any criminal or traffic charges that are currently pending against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever been charged or arrested for any criminal offense; even if the charges were dismissed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever been convicted of a crime other than minor traffic offenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you been previously incarcerated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you currently on active probation or parole?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you have answered Yes to any of the above questions, please list the following for each offense:**

Criminal Offense:	Example: Robbery	<input type="checkbox"/> Misdemeanor	<input checked="" type="checkbox"/> Felony	Month and Year:	January 2010	State: TN
Criminal Offense:		<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Month and Year:		State:
Criminal Offense:		<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Month and Year:		State:
Criminal Offense:		<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Month and Year:		State:
Criminal Offense:		<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Month and Year:		State:
Criminal Offense:		<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Month and Year:		State:

\*If additional space is needed, please attach additional pages as necessary. \*

### MCSO Detention Related Questions:

1. Do you have any relatives currently incarcerated in the Mecklenburg County Detention Center?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have any acquaintances currently incarcerated in the Mecklenburg County Detention Center?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you have answered Yes to any of the above questions, please list the following:**

Name of Resident:		Relationship:	
Name of Resident:		Relationship:	
Name of Resident:		Relationship:	

I affirm that to the best of my knowledge; this document contains no false or misleading information. I consent to the Mecklenburg County Sheriff's Office conducting a criminal background screening prior to volunteering or providing contracted services inside of facilities operated by the Mecklenburg County Sheriff's Office.

\_\_\_\_\_  
Printed Name of Applicant:

\_\_\_\_\_  
Last Four Digits of SSN:

\_\_\_\_\_  
Signature of Applicant:

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

### MCSO Use Only:

DCI Records Reviewed By:	Date:
Approved <input type="checkbox"/>	Conditional Approval – <b>Escorted Access Only</b> <input type="checkbox"/>
Denied <input type="checkbox"/>	
Explanation for Denial or Additional Comments:	

**Escorted Access Only** is for those service providers or volunteers that may have disqualifying events in their criminal history that may be allowed access for short-term projects or specific programs but must always be escorted by an MCSO employee whenever they're accessing an MCSO facility. This status does not apply to MCSO contracted service providers such as Aramark, Wellpath, and TKC Management Services.