



Authorization Form For DeMolay International and Hire Right

DeMolay celebrates your willingness to serve as a DeMolay adult worker. As you know, DeMolay has long taken a proactive approach to the protection, growth, and training of young men. DeMolay has quality adult workers who are dedicated to providing a safe, positive environment for our young men. It is unfortunate that some adults in today's society seek out youth organizations with inappropriate intentions. The headlines are filled with adults violating the trust of organizations and young people to commit abuse.

DeMolay began its advisor training and screening process with the Adult Worker Profile, the DAD training course, and the Youth Protection Program. The next evolutionary step in our screening process is to perform a Background Check to verify the information submitted on the Adult Worker Profile. DeMolay is partnered with Hire Right, an authorized consumer-reporting agency. Hire Right is a premier pre-employment screening company used by large companies. All results of the checks performed will be strictly confidential.

DeMolay realizes that performing a criminal background check is an intrusion into your privacy. However, we all realize that our primary obligation is to our youth. If even one child is saved by this action, it will have been worth the intrusion. The purpose of this form is to obtain your permission for DeMolay to perform this check. This will become a standard procedure when becoming a new DeMolay adult worker. In the process of obtaining this report, criminal records, employment, driver licenses or previous addresses may be obtained.

Please do not interpret these checks as a question of trust. DeMolay simply cannot begin making exceptions to our screening process, which could result in even one young man being harmed.

If you feel that you simply cannot submit yourself for this type of check, we thank you for your service as a DeMolay Advisor and wish you all the best in the future.

Please Print or Type

Last Name _____ First _____ Middle _____

Social Security # _____ Date of Birth _____ Age _____

Driver's License Number _____ State of Issue _____

Home Phone _____ Work Phone _____ E-mail _____

Present Address _____

City/State/Zip _____

In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they may have about me to the person or company with which this form has been filed, or their agent. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

Applicant's Signature

Date