



**Authorization for Criminal History Record Check
(ShelterBox USA Board of Directors)**

I, _____ (print your name), hereby authorize ShelterBox USA to engage a third-party vendor to obtain information pertaining to any criminal charges currently pending and/or convictions I have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

While ShelterBox USA may decide to use an alternative third-party vendor, it currently expects that it will obtain the relevant report(s) from IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, OH 44122; 216-450-5200. IntelliCorp's information and privacy policy may be found at www.intellicorp.net.

If the vendor provides ShelterBox USA with information indicating that I have a criminal record, I understand that, before any adverse action may be taken, I will be given a copy of the relevant report and an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the entity from which it was obtained. It will be my responsibility to contact that entity to correct any inaccuracies. I further understand that until ShelterBox USA receives notification that any inaccuracies have been corrected, any appointment to its Board of Directors will be deferred.

I hereby attest to the truthfulness of the representations I have made regarding my criminal history, if any. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any criminal misdemeanor or felony. I understand that I do not have to disclose any sealed or expunged conviction records. I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the ShelterBox USA Board of Directors position for which I am making application or, if already accepted, terminated from my position.

SIGNATURE OF APPLICANT

DATE

Applicant – Note that there is a second section for you to complete below. Please clearly print all information.

FULL NAME OF APPLICANT

CURRENT ADDRESS

CITY

STATE

ZIP

OTHER ADDRESSES FOR PAST SEVEN YEARS:

CITY

STATE

ZIP

For Massachusetts, Minnesota or Oklahoma – please check the appropriate box to indicate if you would like to receive a copy of your report free of charge: YES NO