



Harford County Department of Community Services  
**Background Check Request Form**  
for

Programs and Services receiving funding from Harford County Government

**PLEASE TYPE or PRINT CLEARLY**

*fax or mail both pages of the completed application to:*

Harford County Department of Community Services, 319 South Main Street, Bel Air, MD 21014 FAX: 410-803-0433

Requesting Agency information:

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

Agency name: CTR

Contact at Agency: Cathy Schmidt

Phone: 410-914-5183

Fax 410-914-5184

E-mail : info@chesapeaketherapeuticriding.org

Applicant's Information:

Name \_\_\_\_\_  
(First, Middle, Last)

Nee/Alias/Other \_\_\_\_\_

Date of Birth: (day/mo/year) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current address From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Street: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Previous address From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Street: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Birthdate (day/mo/yr) \_\_\_\_\_

Gender (circle one): M F

Driver's License Information

Driver's License # \_\_\_\_\_

State issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**APPLICANT RELEASE AND AUTHORIZATION FORM**

Harford County Government will perform a background check, and reserves the right to accept or reject participation by applicant based on information provided in the application, interview, or background check (including but not limited to arrests, charges, or convictions for criminal offenses other than minor traffic offenses) or for any other reason.

I, \_\_\_\_\_ agree to the above conditions and hereby affirm that all information on this application is true and complete to the best of my knowledge. I authorize verification of all information contained in this application.

\*To expedite processing, you may fax the application and background forms to 410-638-3329. You will, however, need to send the original signed document to us for record purposes.

I hereby authorize Harford County Government or other authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer, other authorized representatives of the company, or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

In consideration of my participation I, as a participant, waive any and all claims and release the Harford County Government, and all of their respective agencies, agents, employees, and representatives from any and all liability and claims which I may have and/or which any persons claiming through me may have, such as (but not limited to) an executor, personal representative or administrator of an estate, or a spouse, parent or child, for damages of any kind or nature, including but not limited to personal injuries, death, property damage, or other loss relating in any way to my participation.

□□□□□

\_\_\_\_\_  
(Name of Applicant – PLEASE PRINT)

\_\_\_\_\_  
Applicant's Signature or Parent/Guardian's Signature  
if Volunteer is under 18 years of age)

\_\_\_\_\_  
(Date)

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**FAX: 410-803-0433**

**Mailing address:  
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