

VOLUNTEER IN YOUTH SPORTS

Consent/Release Form

Name of Organization _____

Applicant's Name (First, Middle Initial, Last) _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Employment records! Employers references
- Criminal background records/information
- Sex offender registry check
- Driver's license check
- Training/experience
- Personal references
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____

Signature: _____ Date: _____