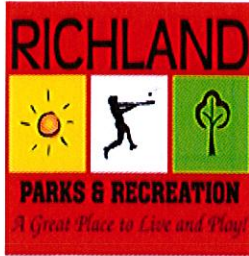


Youth Sports
**Volunteer
BACKGROUND
Check**



**Authority for
Release of
Information**

**TO: CONCERNED PERSON OR AUTHORIZED REPRESENTATIVE OF ANY ORGANIZATION,
INSTITUTION OR REPOSITORY OF RECORDS.**

Volunteer's Full Name: _____
First Middle Last

Date of Birth: _____ Social Security # _____ - _____ - _____

CURRENT Address:

Street City State Zip

Any other address(es) lived at in the last 10 years::

Street City State Zip

Street City State Zip

Have you ever been arrested, charged with, or convicted of a misdemeanor or felony? _____

If yes, please give circumstances (use reverse side of form, if needed) _____

I respectfully request and authorize you to furnish the City of Richland Parks & Recreation all information requested by them concerning any records to be used to assist the City of Richland Parks & Recreation in conducting a background investigation.

I hereby release you, your organization, or others from any liability or damage that may result from furnishing the information requested above.

Volunteer's Signature

Date

Current Address: _____
Street City State Zip