



VOLUNTEER IN YOUTH SPORTS



Consent/Release Form

ALL INFORMATION MUST BE COMPLETED

Full Legal Name: _____

Date of Birth: ____/____/____ Age: _____ Social Security Number: ____-____-____

Sex: (circle one) Male / Female Race: _____

Residence Address:

Street: _____

City: _____ State: _____ Zip: _____ (H) Phone: _____

Email: _____ (C) Phone: _____

Team Information:

Head Coach Asst. Coach Team Name: _____

Group/Organization: _____ Sport: _____ Year: _____

I, the undersigned, by execution of this document, give the City of Harrisonburg permission to conduct a background check regarding my qualifications to coach in the City of Harrisonburg Parks and Recreation Athletic Program;

I understand that I have a right to: (1) obtain a copy of my background check report and (2) challenge the accuracy of any information contained in this report by contacting the third party responsible for conducting the background check by calling the telephone number listed on the report.

By signing this application, I agree to the following:

- I certify that I have not been convicted and do not have charges currently pending against me for any of the disqualifying crimes listed on page three (3) and four (4) of the Background Screening Policy.
- I agree that at all times while serving as a volunteer coach for the City of Harrisonburg Parks and Recreation Department, I will immediately notify the Parks and Recreation Department and my associated sports organization if I am charged with any of the disqualifying crimes.

Print Name: _____ Date: _____

Signature: _____



National Background Screening Consent Form

Applicant's Legal Name (printed):

(First) (Middle) (Last)

Social Security Number: _____ Date of Birth: _____

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:

- Local & National Criminal Background Records/Information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my 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.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name: _____ Date: _____

Signature: _____

SSCI – America's #1 Choice in Background Screening for Parks and Recreation

Phone: 1-866-996-7412 **Website:** www.ssci2000.com **Fax:** 1-866-996-1292