



Cherokee Recreation & Parks Agency

National Background Screening Consent/Release Form

Circle One of the following:

CCYB	CYFA	CYLA	ECB	HPYA	NCYB	NCYS	NECYS	Swim
Cherokee Impact			Cherokee Reds			Twin Creeks	Softball	
Macedonia Baseball			DTB	CHILL				

Name of Association: **CYFA** High School District: _____

Applicant's **Full Legal** Name (printed)

Social Security Number _____ Date of Birth ____/____/____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for Cherokee Recreation & Parks Agency to obtain information regarding myself. I understand a criminal report may be obtained at any time after receipt of my authorization and, if I am approved, throughout my volunteering.

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.

Print Name: _____ Date: _____

Signature: _____

Contact Phone Number (s): _____



National Recreation and Park Association