



## VOLUNTEER IN YOUTH SPORTS

Consent/Release Form

NYSCA Chapter ID# 1617

Name of Organization **Suffolk Parks & Recreation**

Applicant's Name (printed)

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant's Address

\_\_\_\_\_

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

I, \_\_\_\_\_, authorize and give consent for the above named  
Name of Applicant organization to obtain information regarding myself. This  
includes the following:

- Employment records/ Employers references
- Criminal background records/information
- Criminal background check/fingerprint
- Driver's license check
- Automobile insurance 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:

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

Signature:

\_\_\_\_\_