



National Background Screening Consent/Release Form

Sport _____ Park _____ **Coach or Assistant Coach**
(Circle One)

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

Social Security Number _____ Sex/Race _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

Criminal History Information – If your answers to the questions below do not accurately and completely reflect your criminal history, you may be eliminated from further consideration. If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. A “yes” answer to any questions(s) will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

Have you ever been convicted of a felony or a first-degree misdemeanor? Yes _____ No _____
 Have you ever had the adjudication of guilt withheld for a felony or a first-degree misdemeanor? Yes _____ No _____

If you answered yes to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor:

<u>CHARGE</u>	<u>DATE OF DISPOSITION</u>	<u>COUNTY/STATE</u>

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 City of Tallahassee's guidelines. **I also agree that by signing this form that either myself or one of the other coaches that has undergone the National Background Screening, must be on the field at all times when any player is present (including practices and games).**

Print Name: _____ Date: _____

Signature: _____ Contact #: _____