Madison Parks & Recreation

National Background Screening Consent/Release Form

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

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. A criminal report may be obtained at any time after receipt of your authorization and, if you are approved, throughout your duration as a support staff member.

Have you volunteered for any of the following organizations within the last year?

☐ Madison Baseball Association
☐ American Football Association
☐ Madison Dolphins Swim Team
☐ Basketball Association of Madison
☐ Madison Girls Softball
☐ MAA Football
☐ Madison Swim Association
☐ AYSO

Print Name: _____ Date: _____

Signature: _____