

CITY OF CLEVELAND HEIGHTS PARKS & RECREATION

Background Consent/Release Form 3282

Date of Birth: _____

Applicant's Full Legal Name: _____
(First Name) (Middle Name) (Last Name)

Social Security Number: _____ - _____ - _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

I, _____, authorize and give my consent for the above-named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal Background Records/Information
- All Fifty 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.

Printed Name: _____ Date: _____

Signature: _____

