



# National Background Screening Consent/Release Form

**TO BE COMPLETED BY ALL HEAD COACHES, (1) ASSISTANT COACH & UMPIRES**

PLEASE FILL OUT COMPLETELY AND MUST BE LEGIBLE

Sport \_\_\_\_\_ Age Group \_\_\_\_\_ Park \_\_\_\_\_ **Coach/Assistant/Umpire**  
 (Circle One)  
 (If Assistant Coach) – Assisting with \_\_\_\_\_

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 understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me from volunteering. I also agree that by signing this form 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 #: \_\_\_\_\_