



Cherokee Recreation & Parks Agency

National Background Screening Consent/Release Form

Circle One of the following:

CCYB CYFA CYLA
Cherokee Impact

ECB HPYA
Cherokee Reds

NCYB NCYS NECYS
Twin Creeks Softball

Name of Association: _____

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

Social Security Number _____ Date of Birth ____/____/____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for Cherokee Recreation & Parks Agency 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.

Print Name: _____ Date: _____

Signature: _____

Contact Phone Number (s): _____



National Recreation and Park Association