



CHEROKEE
RECREATION
& PARKS
AUTHORITY

Consent/Release Form for Comprehensive Background Screening

Please Print

Name Of Association:		
Applicant's Name:		
Date of Birth:	Social Security #:	
Applicant's Address:		
City:	State:	Zip:
Home Phone:		

I, _____, authorize and give my consent for the Cherokee Recreation & Parks Authority and the above named organization to obtain information regarding myself. This includes the following:

- Employment Records/ Employers' References
- Criminal Background Records/ Information
- Criminal Background Check/ Fingerprint
- Driver's License Check
- Automobile Insurance Check
- Training/ Experience
- Personal References
- Current/ Previous Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer 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 CRPA and the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____