



Anderson Park District # 3231

National Background Screening Consent Form

10/17/2019

Applicant's Legal Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____ Phone _____

I, _____, authorize and give consent for the above named organizations 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 organizations' guidelines.

By signing this document, I am providing the above named organizations my consent for an initial background check as well as any subsequent background checks deemed necessary through the length of my volunteer &/or Independent Service Provider assignment with the Anderson Township Park District, dba the Anderson Park District.

Print Name: _____ Date: _____

Signature: _____