

VOLUNTEER IN YOUTH SPORTS
BACKGROUND CHECK

Consent/Release Form 2010

For SFIHL use

Name of Organization:

South Florida In-Line Hockey League

Applicant's Name (printed)

Date of Birth: _____ Social Security Number: _____

Applicant's Address _____ City State: _____ Zip: _____

I, _____ Authorize and give consent for the Name of Applicant/Print above named organization to obtain information regarding myself.

This includes criminal background records information and 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 released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

_____ Date:

Print Name

_____ Signature