

VOLUNTEER IN YOUTH SPORTS  
**BACKGROUND CHECK**

Consent/Release Form 2012

# \_\_\_\_\_  
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 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 shall be 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