**ACKNOWLEDGMENT AND RELEASE**

The undersigned has freely offered, on a voluntary basis, his/her services to assist in connection with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ activities being conducted by the Central Blair Recreation and Park Commission. The undersigned specifically acknowledges that he/she is a volunteer and not an employee or subcontractor of Central Blair Recreation and Park Commission. The undersigned further acknowledges that certain dangers and risks are inherent in connection with the contemplated volunteer services. The undersigned understands that he/she is not eligible for Workers’ Compensation coverage or any other benefit from the Central Blair Recreation and Park Commission. The undersigned does hereby release and forever discharge the Central Blair Recreation and Park Commission and its officials and employees from any and all claims, demands or causes of action heretofore or hereafter arising or relating to his/her involvement in connection with or any damage or injury that may occur in connection with the undersigned providing volunteer services in connection with the Central Blair Recreation and Park Commission.

The undersigned does hereby knowingly, voluntarily, and willingly execute this Release as of this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature

IN WITNESS HEREOF:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Title/Position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

**DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION**

In connection with my suitability for employment and/or voluteering with **Central Blair Recreation and Park Commission**, (herein “Client’) or if employed or currently volunteering, I understand that prior to or at any time after my employment/voluterring commences a consumer report may be requested for employment/volunteer purposes from Protect Youth Sports, Inc.,(herein: “Protect Youth Sports”) from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers’ compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Employment Credit Report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, GENERAL REPUTATION, MODE OF LIVING,AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PROTECT YOUTH SPORTS DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Protect Youth Sports’ trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Protect Youth Sports will provide a written explanation of any coded information contained in my file. I understand that Protect Youth Sports is a Consumer Reporting Agency and it is Protect Youth Sports’ policy to not be involved in or make hiring decisions or recommendation.

Protect Youth Sports’ privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a “need to know” such information to protect them and their employees. Protect Youth Sports does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

**The following must be filled out completely and signed for your application to be considered (Please Print)**

LAST NAME FIRST NAME MIDDLE NAME/INITIAL

HOME ADDRESS

CITY \_\_\_\_\_\_\_ COUNTY STATE ZIP\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER DRIVER’S LICENSE NUMBER or STATE ID STATE ISSUED E.MAIL ADDRESS

For ID purposes please provide FULL DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please List Other Names Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to receive a copy of any Background Check Report on me that is requested.

TODAY’S DATE

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

Consumer Reporting Agency contact information

Protect Youth Sports

14499 Dale Mabry Hwy, Ste 201 South

Tampa, FL 33618

Phone: 877-319-5587 Fax: 800-319-5582

[www.protectyouthsports.com](http://www.protectyouthsports.com)