



VOLUNTEER COACH BACKGROUND CONSENT / RELEASE FORM

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with the Wren Youth Association.

I understand that, if I am approved for volunteer service by the Wren Youth Association, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of the Wren Youth Association, such may be necessary. Social Security Number and Date of Birth will be redacted after background check has been submitted.

I hereby release and discharge to the extent permitted by law, Wren Youth Association, its board members, any individual or agency obtaining information for the Wren Youth Association, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of the Wren Youth Association.

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

AUTHORIZATION

Print Name (last, first, middle) _____

Social Security Number ___ - ___ - ___ Date of Birth (MM/DD/YYYY) _____

Signature: _____ Date: _____

(For ID Purposes Only)

Any other names I have been known by: _____

Current Address: _____

*Mailing Address: PO Box 51114, Piedmont SC 29673
Physical Address: 395 Roper Rd, Piedmont SC 29673*

www.wrenyouth.org

