



*Sandown Baseball Softball Association*  
**National Background Screening Consent Form**

Applicant's **Legal** Name (printed)

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization and affiliates to obtain information regarding myself. This includes the following:

Local & National Criminal background records/information

All 50 State Sex Offender Registries

Social Security Verification

I, the undersigned, authorize this information to be obtained either electronically, 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 organization's guidelines.

By signing this document, I am providing the above named Organization and affiliates my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization and affiliates.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_