



VOLUNTEER IN YOUTH SPORTS

Consent/Release Form

NYSCA Chapter ID# _____

Baseball _____ Soccer _____

Name of Organization: Columbus Parks and Recreation Department

Applicant's Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named
Name of Applicant organization to obtain information regarding myself. This
includes the following:

- Criminal background records/information
- Sex Offender Registry checks
- Address trace
- Social Security Number verification

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 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.

Print Name: _____ Date: _____

Signature: _____

If volunteer is less than 18 years of age, the Parental/Guardian consent/release below is required.

I, _____, the legal parent/guardian of the above listed person, do hereby authorize the release of criminal history information on my child for the purpose of volunteering in youth related activities for the Columbus Parks and Recreation Department.

Print Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

**Return completed form by mail, fax or in person to: Tonia Medaris, Donner Center, 739 22nd Street,
PO Box 858, Columbus, IN 47202. Fax (812) 378-2892**