

Southeast Valley PONY Baseball

Agreement, Authorization and Consent for Release of Background Information

Please type or Print

I, _____, hereby authorize

(LAST NAME, FIRST NAME, MIDDLE NAME & SUFFIX)

Southeast Valley PONY Baseball and its designated agents and representatives to conduct a comprehensive review of my background. This review will result in an investigation to be generated for the purposes of qualifying to volunteer with this organization. I understand that the scope of the investigation may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records and any other public records. I agree, authorize and consent to the release and disclosure of any and all information pertaining to me including but not limited to the above to SVPB and any outside agency that it hires.

I will be notified by SVPB if my volunteer status is denied because of information obtained from any reports resulting from the noted investigation. Additionally, I understand that by submitting a written request within 60 days of denial, I will be given a full and accurate disclosure as to the nature and substance of all information provided to SVPB. I further understand that I may request a copy of the report and that when doing so, proper identification will be required.

SVPB and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including but not limited to, address, social security numbers and dates of birth.

Full name:	Social Security Number:	Date of Birth:	Driver License Number:
Other names or aliases used (<i>maiden name etc</i>):			
Current Address:	Previous Address:		
Current Phone Number:	Previous Address:		
Position Applied for:	Division:		
Signature:	Date:		