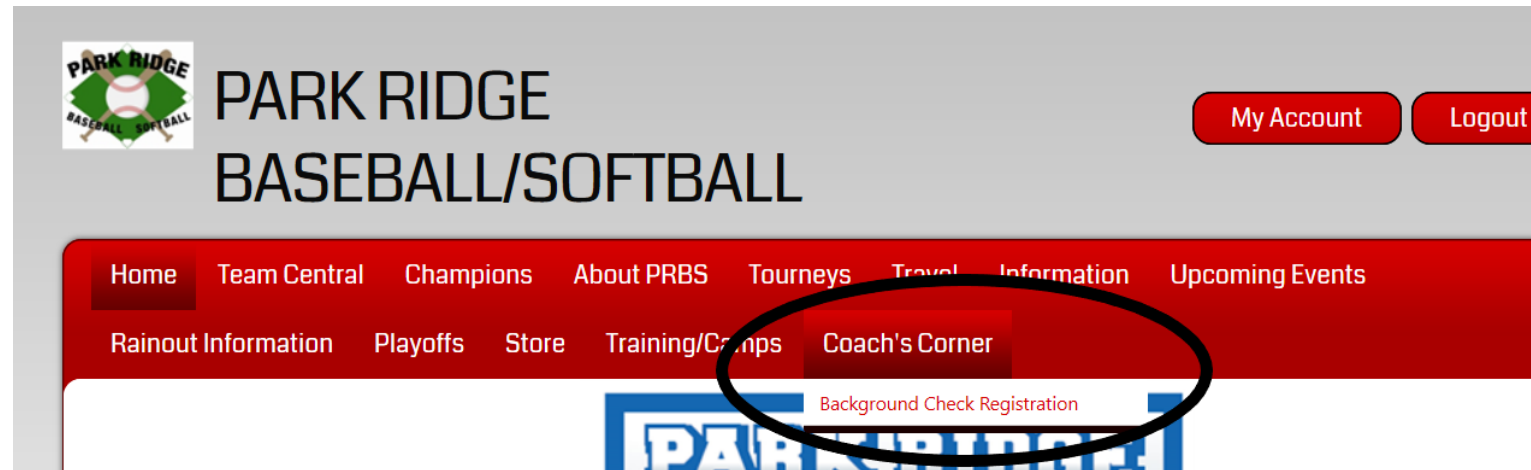


Park Ridge
Baseball/Softball
Volunteer
Background Check
Authorization
Instructions




Paths to submit background check info

- Click this link:
<https://opportunities.averity.com/PRBB>
- Visit PRBaseball.com and select the “Background Check Registration” link in the Coach’s Corner menu of the Home page



Entering Information

- Enter Information
 - Name
 - Date of Birth
 - Email
 - Social Security Number
 - Address
- Click Continue



Organization: Park Ridge Baseball and Softball

Please enter your information within the next 40 minutes
* THIS ONLINE APPLICATION IS PROTECTED BY A SECURE CERTIFICATE AUTHORITY, WHICH SUPPORTS UP TO A TLS1.2 256-BIT ENCRYPTION PROCESS. THIS PROCESS CAN BE VERIFIED USING YOUR BROWSER'S SECURITY CERTIFICATE INFORMATION PAGE. ALL INFORMATION PROVIDED ON THIS FORM IS SECURE. FOR MORE INFORMATION ON HOW TO ACCESS THIS INFORMATION, PLEASE CONTACT US.

PERSONAL INFORMATION

Full Legal Name	<input type="text"/> First	<input type="text"/> Middle	<input type="text"/> Last
	<input type="checkbox"/> I have no legal middle name		
Other Names Used:	<input type="checkbox"/> Check this box to enter other names you may have been known as in the past, such as your maiden name.		
Date of Birth:	<input type="text"/> (MM/DD/YYYY) (Required for identification purposes only)		
Email:	<input type="text"/>		
Confirm Email:	<input type="text"/>		
Social Security Number:	<input type="text"/> Enter Numbers Only (###-##-####) (Required Only for Identity Verification Purposes)		
Current Address Since:	<input type="text"/> (MM/DD/YYYY)	<input type="text"/> Street, Apartment, etc.	
	<input type="text"/> State	<input type="text"/> City	<input type="text"/> Zip

I certify that all personal information entered above is true and accurate.

First Name:	Middle Name:	Last Name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="03/08/2020"/>

[Continue](#)

Disclosure and Authorization

- Select “I Agree”
- Enter:
 - First Name
 - Middle Name
 - Last Name
 - Last 4 of Social
 - Date
- Click “Release My Application”



DISCLOSURE AND AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with your volunteer status with Park Ridge Baseball and Softball, notice is hereby listed to **authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:**

Criminal background records/information

Sex Offender Registry checks

Addresses

Social Security verification

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Consumer Reporting Agency. For information about the Consumer Reporting Agency's privacy practices, please reference the contact information located at the bottom of this form.

Acknowledgement and Authorization

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my volunteer status.

I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or [1-877-319-5587](tel:1-877-319-5587). For information about Protect Youth Sports 's privacy practices, see www.protectyouthsports.com

[Print](#) I agree I disagree

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last four digits of SSN:	Date:	
<input type="text"/>	<input type="text" value="03/08/2020"/>	

By checking the 'I agree' box and entering my full name I recognize that this is equivalent to my legal signature.

[< Previous](#) [Release My Application >](#)