

Area 728 Youth Baseball Inc.

AUTHORIZATION TO RELEASE INFORMATION FORM

Note: Submitting an incomplete or illegible form may delay the background check results.

I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment in a critical position. I am willing that a photocopy of this authorization be accepted with the same authority as the original

I understand that Area 728 positions that are designated critical require background checks for the purpose of evaluating me for Board Member responsibilities, Coaching position and/or as a volunteer. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal.

PRINT NAME: _____

Last

First

Middle

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

HOME PHONE #: _____ **BUSINESS PHONE #:** _____

OTHER NAMES YOU HAVE USED: _____

Current Address:

Street Number & Name City State Zip How Long?

Have you been background checked at Area 728 Youth Baseball Inc. previously? YES NO

If yes, please note date (approximate): _____

HAVE YOU BEEN CONVICTED OF A FELONY OR FELONY-REDUCED-TO MISDEMEANOR CONVICTION BY ANY COURT? YOU MAY OMIT CONVICTION OF A MISDEMEANOR WHILE UNDER AGE 18 IF THE RECORD WAS SEALED BY LAW. MINOR TRAFFIC VIOLATIONS FOR WHICH THE FINE IMPOSED WAS \$400.00 OR LESS, OR ANY OFFENSE THAT WAS FINALLY SETTLED IN JUVENILE COURT. YES NO

If yes, please indicate date, location and explanation:

HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER ANOTHER NAME? YES NO

IF YES, STATE NAME: _____

DRIVER'S LICENSE INFORMATION: _____

License number

Expiration Date

State of Issue

PRIVACY NOTICE

The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for critical positions. Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for or not appropriate for volunteering in Area 728 Youth Baseball. The Area 728 Youth Baseball official responsible for maintaining the information contained on this form is the League Secretary, President and Vice President

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that Area 728 Youth Baseball Inc. solicits this information so as to be informed of my previous record and character. I understand that my volunteer position depends upon successful completion of a criminal background investigation. If accepted, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

APPLICANT SIGNATURE: _____ **DATE:** _____

Please attach a photocopy (both sides) of your drivers license or state issued Identification Card

Mail to:

Area 728 Youth Baseball Inc.
633 Upland Ave
Elk River, MN 55330