



**Cabarrus County Parks Dept.  
Volunteer Background Check  
Consent / Release Form  
July 1, 2011 – June 30, 2012**

Non legible forms will be returned to the applicant.  
Return consent/release form to your local association coordinator.

**All applicants must fill out a new form each year prior to the first sport they participate in as a coach.**

**Association** \_\_\_\_\_ **Sport** \_\_\_\_\_ **Date** \_\_\_\_\_

**Full Name: (Please print)** \_\_\_\_\_

**Date of Birth:** **Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - - - - -

**Street/Apt Address** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

Have you ever been adjudicated incompetent on the grounds of mental illness or have you ever been committed to any mental institution?  
Yes \_\_\_ No \_\_\_

Have you ever been charged or convicted of a misdemeanor or felony? Yes \_\_\_ No \_\_\_

If so, please list the charges, date, and state of residence at time of charge.

Charge \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following: Employment records, employers references, Criminal background records / information, addresses, criminal background check / fingerprint, driver's license check, personal reference, automobile insurance check.

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. I understand if I do not meet the minimum requirements, I will not be allowed to volunteer in any capacity in any Cabarrus County Parks & Recreation co-sponsoring organization. I also agree to submit any misdemeanor and felony charges to the athletic office during my time as a volunteer during the times outlined above.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_