

BACKGROUND SCREENING AUTHORIZATION and UPDATE FORM
A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION (DRIVER LICENSE)
MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Date of Birth _____

Occupation _____ **Social Security # _____ (MANDATORY)**

Employer _____

Address _____

EMAIL ADDRESS: _____

Special professional training: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience and year: _____

Do you have children in the program? Yes No (Circle One)

If yes, at what level? _____

Special Certification (i.e. CPR, First Aid, etc.): _____

Do you have a valid driver's license: Yes No (Circle One)

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s)?

Yes No (Circle One)

If yes, describe each incident in full on the reverse side.

Have you ever been refused participation in any other youth programs?

Yes No (Circle One)

If yes, describe each incident in full on the reverse side.

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name / Address / Phone

GRANT OF PERMISSION FOR BACKGROUND SCREENING:

I hereby give permission for the conduct of a background check on me, which may include a review of sex offender registries, child abuse and criminal history records, and credit history. I understand that, if employed or appointed to any position, my position is conditional upon the receipt of no inappropriate information on my background as may be determined by the investigating organization. I hereby release and agree to hold harmless from liability Solebury Township, the local Sports League, the officers, employees and volunteers thereof, or any other person or organization that may be involved in the screening process or that might provide information. I also understand that, regardless of previous employment and/or appointments, that there is not an obligation to employ or appoint me to any position. If employed or appointed, I understand that, prior to the expiration of my term, I am subject to suspension and removal for violation of policies or principles and/or actions that are deemed inappropriate or contrary to established criteria for exclusion by Solebury Township.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: No person shall be discriminated against on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.