



Volunteer Instructor Consent/Release Form

All of the below requested information is **required** in order for Carson City Parks and Recreation and Open Space to conduct a full background check through National Center for Safety Initiatives.

Name of Organization: City of Carson City Parks and Recreation and Open Space

Applicant's Name (Printed): _____

Social Security Number: _____

Date of Birth: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Email Address (Required) _____

Phone Number (Required) _____

Consent/Release

I, _____, 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

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.

Print Name: _____ Date: _____

Signature: _____