

# EMMORTON RECREATION COUNCIL

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## CONFIDENTIAL

### Background Check Authorization

PROGRAM \_\_\_\_\_

Print Name: \_\_\_\_\_  
(first) (middle) (last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(mo/yr) (street) (city) (zip/st)

Previous Address From: \_\_\_\_\_  
(mo/yr) (street) (city) (zip/st)

Previous Address From: \_\_\_\_\_  
(mo/yr) (street) (city) (zip/st)

Social Security Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

Have you ever been refused participation or removed from participating in any youth program? YES NO  
(If yes, explain) \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **Emmorton Recreation Council** and its designated agents and representatives to conduct a comprehensive review of my background causing a report to be generated for employment and/or volunteer purposes. I understand that the scope of the investigative report will include the following areas: verification of social security number; current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions and a nationwide all 50 state sex offender registry check.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to **Emmorton Recreation Council** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources. **Emmorton Recreation Council** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Print Name: \_\_\_\_\_

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