



Name of Organization

\_\_\_\_\_

Applicant's Legal Name (printed)

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself and my background. This may include, but is not limited to, the following:

- Local, State & National Criminal background checks, records & information
- Sex Offender Registry Checks
- Address Trace
- Information Verification

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. I understand that any information obtained as a result of this background screening process may be subject to Fla. Stat. 119 public records requirements.

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

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