



VOLUNTEER CONSENT/RELEASE FORM

Name of Organization: North Vernon Parks & Recreation Department

Applicant's Name (printed): _____

Social Security Number: _____ Date of Birth: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

I, _____, authorize and give consent for the above named
(Name of Applicant) organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Social Security Number 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. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____

If volunteer is less than 18 years of age, the Parental/Guardian consent /release below is required.

I, _____, the legal parent/guardian of the above listed person, do hereby authorize the release of criminal history information on my child for the purpose of volunteering in youth related activities for the North Vernon Parks & Recreation Department.

Print Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Return completed form by mail, in person, or fax to: Chad Speer,
604 North State Street, North Vernon IN, 47265
Fax (812)346-8869