



Alexandria Department of Recreation, Parks and Cultural Activities 1108 Jefferson Street, Alexandria, Virginia 22314 * PHONE 703.746.5402

COMPLETE AND RETURN by fax @ 703.746.5585 or email @ tamika.coleman@alexandriava.gov

Volunteer Background Screening Consent and Release Form

	Last	First	Maiden Name	Middle Initial
Applicant's Curre	nt Address:		City:	State:
Zip Code:	Gender: □ Ma	ile □Female		
Place of Birth:	County or City and State		ate of Birth:	
Social Security Nu	ımber:			
Recreation, Parks			consent for the Alexandr	ria Department of self. This includes the
Recreation, Parks	and Cultural Activ Multi- Multi-	ities to obtain info	rmation regarding my	self. This includes the
Recreation, Parks following: I the undersigned, with my voluntee accordance with tunderstand that such	and Cultural Activ Multi- Multi- Person authorize this inform r application. Any this authorization is	estate criminal back estate Sex Offenders nal references nation to be obtained person, firm or or released from any be held in confidence	ground records and info s' Registries deither in writing or via ganization providing in and all claims of lial	self. This includes the