



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 703.838.6344

E-Mail at Mac.Slover@Alexandriava.gov or Tamika.Coleman@Alexandriava.gov

VOLUNTEER IN YOUTH SPORTS

Background Screening Consent and Release Form

Applicant's Name (Print All Information):

Last

First

Maiden Name

Middle Initial

Applicant's Current Address: _____ City: _____ State: _____

Zip Code: _____ Gender: Male Female

Place of Birth: _____ Date of Birth: _____

County or City and State and Country

Social Security Number: _____

I, _____, authorize and give consent for the Alexandria Department of
Name of the Applicant

Recreation, Parks and Cultural Activities to obtain information regarding myself. This includes the following:

- Multi-state criminal background records and information
- Multi-state Sex Offenders' Registries
- Personal references

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 record in accordance with this authorization is released from any and all claims of liability for compliance. I understand that such information will be held in confidence in accordance with the Alexandria Department of Recreation, Parks and Cultural Activities guidelines.

Print Name:

_____ Date: _____

Signature: _____