



Hamilton County Sheriff's Office

Anderson Township Park District # 3231
Background Consent/Release Form

Applicant's Legal Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____ City _____ State _____ Zip _____

Driver's License Number (does not apply to Volunteer Coaches) _____ Phone _____

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

- Criminal Background Records/Information
• Sex Offender Registry Checks
• Addresses
• Social Security Verification
• Traffic Violations

Table with 4 columns: Year, Offense, Year, Offense. Includes sections for 'LIST ALL CONVICTIONS Including Traffic Violations' and 'Previous Residences' with sub-columns for Address, City, and State.

I, the undersigned, authorize this information to be obtained by methods deemed appropriate by the above named organization(s). 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: _____