



AUTHORIZATION FORM FOR BACKGROUND CHECK

In connection with your application for a volunteer position, you understand that by signing below, you hereby authorize without reservation, any party or agency contacted by Coventry Youth Basketball Association, Inc to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your volunteer time and at minimum, a background check will be re-run yearly.

You also agree that an electronic, fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of Coventry Youth Basketball Association, Inc, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Coventry Youth Basketball Association, Inc. with any and all background information in their possession regarding you, in order that your volunteer qualifications may be evaluated.

Print your Name:

First: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address _____

Telephone: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ Race: _____ Gender (M or F): _____

Other or Former Names: _____

Signature: _____ Date: _____