

South St Paul Youth Baseball Association

Background check Authorization Form

Background checks are required and must be passed by all Board Members, coaches, and other volunteers interacting within the Association to protect our youth and the Association.

Full Name (Last, First, Middle)		
Current Address (street address, city, state, zip, country)		Length at this address:
Former Name(s):	Alias Name(s):	
List other addresses and length at each address for the past 10 years:		
Drive License Number:	Driver License Expiration Date:	Date of Birth:

I understand that SSPYBA must review all applications for volunteers and must review relevant background information in order to be a volunteer for the Association. I therefore voluntarily consent to and authorize South St Paul Youth Baseball Association to proceed with a background check. All information will be kept confidential.

Signature/Date

This release shall be valid for one year after the date of signing, but may be revoked at any time by the applicant

Copies of this release shall be just as effective as the original.