## - VOLUNTEER BACKGROUND CHECK RELEASE AND AUTHORIZATION -

Please use complete legal information,	, do not use nicknames or a	bbreviations.	
Last Name:	First Name:	Middle Name:	
Current Address:	City:	State:	Zip Code:
Date of Birth (mo/day/year)://_	SSN#:		
Current Employer:	Position:		
Supervisor:	Title:		
Have you been convicted of a crimina  If yes, please explain:	•	_	NO
Please list and explain any other name	es you have used (include a	aliases, maiden na	ames):
I certify that all statements made on this application to release any and all information concerns and individuals connected therewith from I agree and understand that any deliberate missing Recreation Department, Recreation Center of Recreation Department and or Nampa Recreation and all information obtained to the volunteer concerning my fitness for duty, and that continued signound investigation. My signature below acknowledges.	oncerning statements made by me im all liabilities for any damages we statement or omission will cause for Parks Department. I also hereb tion Center and/or its agent, to co- ordinator. I understand that this informations as a volunteer may be con-	authorize any individue on this application, whatsoever incurred in orfeiture of all eligibility give my permission on the community of the co	ual, company, organization of and I do hereby release all in furnishing such information by to volunteer with the Nampa on for the Nampa Parks and fory check and to forward any and for specific purpose of eval- ctory completion of this back-
Signature		Date	