



# FARMINGDALE SOCCER CLUB

## BACKGROUND CHECK AUTHORIZATION FORM FOR ADULTS

NAME (Printed): \_\_\_\_\_  
Last Name First Name Middle Name

DOB: \_\_\_\_\_

S.S.N. \_\_\_\_\_

As a condition of volunteering, I give my permission for the **Farmingdale Soccer Club** to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records.

I understand that, if appointed, my position is conditional upon the **Farmingdale Soccer Club** receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the **Farmingdale Soccer Club**, its officers, directors, and volunteers thereof, or any other person or organization that may provide such information.

I also understand that regardless of previous appointments the **Farmingdale Soccer Club** is not obligated to appoint me to a volunteer position.

If appointed I understand that prior to the expiration of my term I am subject to suspension by the Board of the **Farmingdale Soccer Club** and removal by the Board for violation of its policies or principles.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date