

**TECOLOTE YOUTH BASEBALL VOLUNTEER
DISCLOSURE AUTHORIZATION AND RELEASE**

I have applied for Volunteer Service or I am currently a Volunteer with **Tecolote Youth Baseball**. I understand that in connection with my application for Volunteer Service, or for Continued Volunteer Service, IntelliCorp Records Inc, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History (collectively, the "Information"). However, unless my position involves handling money or having access to monies and /or other transferable monetary instruments, my Credit History will not be checked.

I understand that Employer/Organization may rely on any part or all of the Information in determining whether to extend an offer of Volunteer Service to me, or in determining my eligibility for Continued Volunteer Service. I further understand that if any adverse action is taken by Employer/Organization, or if Employer/Organization chooses not to extend an offer of Volunteer Service to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check is being performed by Investigators as part of the process to evaluate me prior to Volunteer Service or for Continued Volunteer Service, and is not conducted for any purpose other than in connection with my Application for Volunteer Service or determining my eligibility for Continued Volunteer Service.

I have read Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for Volunteer Service or for Continued Volunteer Service. I hereby release any and all Investigators and Employer/Organization from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my Application with Employer/Organization. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Divison _____ **Team Name** _____ **Manager** _____

Divison _____ **Team Name** _____ **Manager** _____

Applicant Signature

Date

Printed Full Name with middle initial

Social Security Number

Date of Birth

Former Last Names (if applicable)