

## **Volunteer and Internship Program**

Background Consent & Release Form

## To be completed by volunteer or intern applicant

Applicant's Legal Name (printed)	
Social	Security Number Date of Birth
Applicant's Address	
City _	State Zip
I, obtair	, authorize and give consent for the above named organization to information regarding myself. This includes the following:
	<ul> <li>Local &amp; National Criminal background records/information</li> <li>Sex Offender Registry Checks</li> <li>Addresses</li> <li>Social Security Verification</li> </ul>
I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.	
Applic	rant's Name (print): Date:
Signature:	
	Contact the Volunteer Office at 253-404-3695 or 253-404-3687 with questions or concerns and to submit the completed form.
Office use only	
(initial)	Metro Parks Disclosure Statement
(initial)	Valid photo identification