RAVENNA PARKS AND RECREATION DEPARTMENT
WAIVER FOR RELEASE OF INFORMATION FOR YOUTH PROGRAM
EMPLOYEE – VOLUNTEER – COACH

OFFICE USE ONLY
_____
_____

IN ORDER TO EXPEDITE THIS PROCESS WE REQUEST THAT YOU VOLUNTARILY SIGN THE RELEASE BELOW.

I, _____, HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO THE RAVENNA PARKS AND RECREATION DEPARTMENT FOR THE PURPOSE OF CONDUCTING A BACKGROUND INVESTIGATION. SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, ANY AND ALL RECORDS PERTAINING TO CRIMINAL HISTORY, CHARACTER AND REPUTATION.

I HEREBY GIVE MY PERMISSION AND WAIVE ALL PROVISIONS OF LAW FORBIDDING COURT, POLICE AGENCY, FIRM OR PERSON, FROM DISCLOSING ANY KNOWLEDGE OR INFORMATION THEY HAVE CONCERNING ME WHICH IS REQUESTED OR DESIRED BY THE RAVENNA PARKS AND RECREATION DEPARTMENT. I FURTHER CONSENT THAT THE RAVENNA PARKS AND RECREATION DIRECTOR OR HIS/HER REPRESENTATIVE BE PROVIDED WITH A COPY OF ANY SUCH RECORD CONCERNING ME WHICH THEY MAY DESIRE.

I RECOGNIZE THE RIGHT OF THE RAVENNA PARKS AND RECREATION DEPARTMENT TO TREAT, AT ITS DISCRETION, CERTAIN SOURCES AS CONFIDENTIAL AND ITS RIGHT TO WITHHOLD FROM ME OR MY AGENT THE NAMES OF SUCH CONFIDENTIAL SOURCES, AND INFORMATION OBTAINED THEREFROM.

NAME: _____
(LAST) **(FIRST)** **(MIDDLE)**

_____
RESIDENCE ADDRESS (NUMBER, STREET, APT. #, CITY, COUNTY, STATE, ZIP)

SOCIAL SECURITY #	DATE OF BIRTH	RESIDENCE PHONE #

Have you ever been convicted of any criminal offense? I.E. theft offenses, assault and battery, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offenses?
_____ YES _____ NO

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED COMPLETE DISCLOSURE OF ALL INFORMATION REQUESTED. I FURTHER RE-AFFIRM THAT I UNDERSTAND THAT ANY FALSE STATEMENTS MADE MAY CAUSE DISAPPROVAL OF MY APPOINTMENT AS A YOUTH PROGRAM EMPLOYEE, VOLUNTEER, OR COACH.

SIGNATURE OF APPLICANT: _____ DATE: _____

Your child's name: _____

IF ASSISTING, HEAD COACHES NAME OF YOUR TEAM? _____

SPORT COACHING/ASSISTING FOR OR POSITION APPLYING FOR: _____

T-SHIRT SIZE: AS AM AL AXL AXXL

_____ DATE: _____
SIGNATURE OF PARKS AND RECREATION DIRECTOR

FOR POLICE DEPARTMENT RECORDS: ☐ NEW ☐ UPDATE SINCE DATE _____