



Rawlings Youth Girls Fastpitch Softball League

P u e b l o , C o l o r a d o

STATEMENT OF ACKNOWLEDGEMENT AND CONSENT TO RELEASE INFORMATION

I, _____, state as follows:

I am presently an applicant for the position of COACH with the Rawlings Youth Girls Fastpitch Softball League, also known as the RYGFSL that will require me to work with children and/or young adults, or will require me to work in the presence of children and/or young adults.

I fully understand that in order to adequately protect the children and/or young adults with whom I will work, or in whose presence I will work, the RYGFSL conducts background investigations and checks on all individuals who are being considered for this position.

This investigation includes, but is not limited to, an investigation of my past employment performance, school records, law enforcement records, criminal justice, driving records, and other general and personal/personnel records, where applicable.

I hereby authorize any individual, individuals, person, agency or entity contracted by RYGFSL to release any information pertaining to the background investigation/check, including, but not limited to records or information relating to my past employment performance, school records, law enforcement records, criminal justice, driving records, and other general and personal/personnel records, where applicable.

This information is to be used by the RYGFSL in the consideration of my eligibility to work in this position with children and/or young adults and for no other purpose.

I also understand that any and all papers, documents and things submitted by me or any other person, agency or individuals, for purposes of this Statement of Acknowledgement and Consent to Release Information upon submission to the RYGFSL, cannot and will not be returned to me under any circumstances whatsoever.

I agree to release and hold harmless any person, agency or entity releasing such information to the RYGFSL, from any and all liability or claims that I may have against that person, agency or entity arising out of the release of such information.

I further agree to release and hold harmless the RYGFSL, its officials, officers, agents and employees from any and all liability or claims that I may have arising out of the disclosure of such information to it for use by it in consideration of my eligibility for the position and for such other purposes as may be related to any subsequent or continued work or association with it.

This authorization for the release of information shall be valid for the entire term of my work with or association with the RYGFSL. Any release of claim or liability set forth herein shall survive the termination of my work with or association with it.

I understand that the background investigation/check contemplated by this document may be repeated or extended at any time at the sole discretion of the RYGFSL.

I hereby certify that all statements made by me are accurate, true and correct. I understand and agree that any disqualifying information or false or misleading response given by me constitutes a basis for rejection of my status or termination of the position.

APPLICANT SIGNATURE

DATE

RAWLINGS SOFTBALL LEAGUE INFORMATION

TEAM

NAME: _____

CENTRAL REGISTRY OF CHILD PROTECTION INQUIRY FORM
COUNTY DEPARTMENT OF SOCIAL SERVICES

_____ EMPLOYMENT XX VOLUNTEER _____ OTHER, EXPLAIN

RAWLINGS YOUTH GIRL'S SOFTBALL LEAGUE
NAME OF INDIVIDUAL MAKING THIS REQUEST

(719) 542 - 3829
PHONE NUMBER

P.O. BOX 8544 PUEBLO, CO 81008
MAILING ADDRESS

PUEBLO
NAME OF COUNTY

APPLICANT'S NAME – DO NOT USE "N/A" ON THIS FORM

FIRST NAME MIDDLE NAME LAST NAME ALIAS/MAIDEN NAME

DATE OF BIRTH SEX: M/F RACE SOCIAL SECURITY NUMBER

CURRENT ADDRESS CITY / STATE ZIP CODE

MAILING ADDRESS CITY / STATE ZIP CODE

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (ADD ADDITIONAL NAMES ON BACK OF THIS FORM)

FIRST NAME MIDDLE NAME LAST NAME ALIAS/MAIDEN NAME

DATE OF BIRTH SEX: M/F RACE SOCIAL SECURITY NUMBER

CHILDREN – USE FULL NAMES. (ADD ADDITIONAL CHILDREN ON THE BACK OF THIS FORM)

1) _____
NAME DATE OF BIRTH SEX: M/F

2) _____
NAME DATE OF BIRTH SEX: M/F

3) _____
NAME DATE OF BIRTH SEX: M/F

4) _____
NAME DATE OF BIRTH SEX: M/F

5) _____
NAME DATE OF BIRTH SEX: M/F

SIGNATURE OF APPLICANT

DATE OF REQUEST