

**Conway Parks, Recreation & Tourism**  
**Volunteer Background Check**  
*Consent / Release Form*

*Non-legible forms will be returned to the applicant*

Please completely fill out the following requested information. Please note, this information is confidential and will be handled accordingly.

**Full Name: (Please print)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**SCDL#** \_\_\_\_\_

**Street/Apt Address** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

If you have lived at this address for less than 2 years, please list any previous addresses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged or convicted of a misdemeanor or felony? Yes \_\_\_ No \_\_\_

If so, please list the charges, date, and state of residence at time of charge.

Charge \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

*I, the undersigned, authorize this information to be obtained in connection with my volunteer 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. I understand if I do not meet the minimum requirements or if I fail to provide accurate information, I will not be allowed to volunteer in any capacity in any Conway Parks, Recreation & Tourism activity.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR STAFF USE ONLY: Results should be attached to this form.**

**Date of Check:** \_\_\_\_\_ **By:** \_\_\_\_\_