



**Alexandria Department of Recreation, Parks and Cultural Activities**  
 1108 Jefferson Street  
 Alexandria, Virginia 22314  
 (703) 838-4345

**VOLUNTEER IN YOUTH SPORTS**  
 Background Screening Consent and Release Form

Applicant's Name (printed): \_\_\_\_\_  
Last First Maiden Name Middle Initial

Applicant's Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Social Security Number: \_\_\_\_\_  
County or City and State and Country

I, \_\_\_\_\_, authorize and give consent for the Alexandria Department of Recreation,  
Name of the Applicant

Parks and Cultural Activities to obtain information regarding myself. This includes the following:

- Multi-state criminal background records and information
- Multi-state Sex Offenders' Registries
- Personal references

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or record in accordance with this authorization is released from any and all claims of liability for compliance. I understand that such information will be held in confidence in accordance with the Alexandria Department of Recreation, Parks and Cultural Activities guidelines.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_