

**ASA Background Check Release and Authorization Form for Independent Contractors and Volunteers**  
**Disclosure and Authorization**

In connection with my application for employment or to serve as an independent contractor or volunteer with the Amateur Softball Association of America, Inc., its affiliates and/or any of its local associations (collectively "Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment, independent contractor or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., ("Protect Youth Sports"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a contractor or volunteer, whichever is applicable, throughout the course of my employment, service or volunteer service, as permitted by law and unless revoked by me in writing. I understand that if ASA makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see [www.protectyouthsports.com](http://www.protectyouthsports.com).

**Acknowledgement and Authorization**

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

<p><b>Residents of Washington State <u>only</u>:</b></p> <p>Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect Youth Sports directly.</p>	<p><b>Residents of Minnesota and Oklahoma <u>only</u>:</b></p> <p>Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.</p> <p align="center"><input type="checkbox"/> I wish to receive a copy of any consumer report on me that is requested.</p>
<p><b>Residents of New York <u>only</u>:</b></p> <p>Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect Youth Sports directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.</p> <p align="center"><input type="checkbox"/> I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.</p>	<p><b>Residents of California and Maine <u>only</u>:</b></p> <p>Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.</p> <p align="center"><input type="checkbox"/> I wish to receive a copy of any report on me that is requested.</p>

Print Name: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_ Phone # \_\_\_\_\_

Aliases/Other Names Known By (in last ten years) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security Number SSN may be requested at a later time \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Desired Position with ASA \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ ASA ID Card Member # \_\_\_\_\_

Current Address \_\_\_\_\_ City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Prior Address (if within last 5 years) \_\_\_\_\_ City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**\*\*\*Include and Attach a Legible Photocopy of your Driver's License or State Issued ID to this Disclosure and Authorization\*\*\***

Applicant Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ (04-15a Rev)