

**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**

In connection with my application to serve as a volunteer with the **Mason City Recreation Department** ("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 volunteer purposes, 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 serve as a volunteer, throughout the course of my volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount 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

**Please Print Legible so names, letters and numbers are readable!**

- I wish to receive a copy of any report on me that is requested.

\_\_\_\_\_  
Signature TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
SSN D/L or STATE ID STATE ISSUED

\_\_\_\_\_  
EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: \_\_\_\_\_

Please List Other Names Used \_\_\_\_\_

Protect Youth Sports, Inc.  
14499 Dale Mabry Hwy, Ste 201 South  
Tampa, FL 33618  
Phone: 877-319-5587 Fax: 800-319-5582  
[www.protectyouthsports.com](http://www.protectyouthsports.com)



## C O A C H E S ! !

In order to provide a safe environment for our youth sports participants the department does a criminal background check on all coaches. Below is a Disclosure and Authorization – Background Investigation form please fill it out and return with the rest of the coach’s application. By signing and filling out the Disclosure and Authorization – Background Investigation form you are giving us permission to do a search on you. If you have any questions or concerns, please contact me. Any information found will be kept in the utmost confidence.

I authorize the City of Mason City (Recreation Department) to make an investigation of me, including but not limited to scholastic record, criminal activity, motor vehicle driving records, and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer-reporting agency that includes information as to my character, general reputation, and personal characteristics. I understand that investigative consumer reports may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to this organization, within a reasonable time, for the disclosure of the name and addresses of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever to this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

We will specifically be looking at, but not limited to, convictions of crimes against other people or property such as assault, burglary, drug possession or drug distribution. We will also take into consideration if there has been a length of time since a conviction.

**Please Print Legible so names, letters and numbers are readable!**