

**Southeastern Security
Consultants, Inc.**



VOLUNTEER IN YOUTH SPORT
Background Screening Consent/Release Form

Name of Organization: ECB, Inc. DBA East Cobb Baseball

Applicant's Name (printed)

Phone #

Social Security Number

Date of Birth

Applicant's Address

City

State

Zip

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

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 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.

Neither East Cobb Baseball nor its agents shall be violating my right to privacy in any manner and I hereby release them from all liability, whatsoever, for actions related to this inquiry. I acknowledge that I have received valuable consideration for this release and understand that this release and records check is to be used for East Cobb Baseball as part of the Manager / Coach selection process.

Print Name:

Date:

Signature:

Team Name: _____ Age Group: _____

Fax completed form to: 770-514-6058 or mail to:

East Cobb Baseball

111 N. Lakeside Dr. NW

Kennesaw, GA 30144