



**City of Aurora Parks and Recreation**  
National Background Consent/Release Form

Applicant's **Legal** Name (printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the City of Aurora Division of Parks and Recreation to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 Sex Offender Registry Checks
- Address Trace
- Information Verification

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.

I further authorize the results of background check to be shared with the following organization:

\_\_\_\_\_

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

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

**OFFICE USE ONLY**

Date Request Submitted Online: \_\_\_\_/\_\_\_\_/\_\_\_\_      By (staff initials): \_\_\_\_\_

Request Submittal Confirmation #: \_\_\_\_\_