



City of Salem
Department of Parks & Recreation



National Background Screening Consent Form

Applicant's Full **Legal** Name (printed) _____

Social Security Number _____ Date of Birth ____/____/____

Applicant's Address _____

City _____ State _____ Zip _____ (H) Phone: _____

Email _____ (C) Phone: _____

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

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my 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.

By signing this document, I am providing the City of Salem my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with the City of Salem. I also agree that while serving as a volunteer for the City of Salem I will immediately notify the Parks and Recreation Department if charged with any disqualifying crimes.

Print Name: _____ Date: _____

Signature: _____



SSCI: Phone: 1-866-996-7412
Website: www.sscizoo.com
Fax forms to: 1-540-375-4032
Email to: athletics@salemva.gov

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