

Volunteer Waiver and Background Authorization Form

To Be Completed By Volunteer

Please print all requested information in order to register as a volunteer and have Portage Rocket Football perform a background check.

Name: _____

Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Social Security #: _____ N / A _____ Date of Birth*: _____

Driver's License #: _____

Former Name (if applicable): _____

I hereby authorize Portage Rocket Football to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education and employment. I hereby release Portage Rocket Football and its board member, agents and assigns, as well as the Company performing the background check and its employees, from liability resulting from the furnishing of this information to Portage Rocket Football.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein could void my consideration as a Portage Rocket Football volunteer.

Signature: _____ Date: _____

* DOB is being requested in order to obtain accurate retrieval of records.