

# Elk City Girls Summer Softball, Inc.

## NOTICE OF BACKGROUND CHECK

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING BELOW]

Elk City Girls Summer Softball, Inc., (ECGSS) is a volunteer driven not-for-profit organization. One of ECGSS's objectives is to promote proper safeguards in accordance with the spirit of true sportsmanship and establish principles for ethical behavior in the sport of Softball. You have expressed an interest in becoming a member of ECGSS on a voluntary basis. Consistent with promoting wholesome and safe competition, ECGSS may perform criminal background and/or motor vehicle record (or "driving record") checks on you pursuant to your written instructions below. Accordingly, ECGSS may obtain reports on your criminal background and/or driving history from a "consumer reporting agency." The report may include information gathered from county, federal and/or statewide record searches, as guided by personal identifier information obtained through a Social Security Number trace. *Note: Conducting a Social Security Trace does NOT access the subject's credit history nor affects the subject's credit score or credit rating.*

Please note that by signing below you are authorizing and instructing ECGSS to immediately obtain criminal background and driving record reports from a third party (utilizing a Social Security Number trace) as ECGSS deems necessary and appropriate. Moreover, you are allowing and instructing ECGSS to obtain those reports from a third party on an ongoing basis without any additional notice for as long as you are a volunteer member of the ECGSS.

### AUTHORIZATION AND INSTRUCTION

I acknowledge receipt of the NOTICE OF BACKGROUND CHECK and certify that I have read and understand that notice. I hereby authorize and instruct ECGSS to obtain criminal background and/or driving record reports from a third party (utilizing a Social Security Number trace) as ECGSS deems necessary and appropriate. This authorization and instruction will take immediate effect when I sign below, and will last throughout the duration of my involvement with ECGSS as a volunteer member. Accordingly, ECGSS may obtain additional criminal background and/or driving record reports from a third party on an ongoing basis throughout my association with ECGSS without any further notice or additional warning. To this end, I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records and *not credit history*) requested by the third party "consumer reporting agency", another outside organization acting on behalf of ECGSS, and/or ECGSS itself. I agree that a facsimile ("fax") or photographic copy of this Authorization and Instruction shall be as valid as the original.

**Include a Legible Photo Copy of your Driver's License Attached to this document.**

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature /Date: \_\_\_\_\_