



**CITY OF SALEM**  
**Department of Parks & Recreation**



**National Background Screening Consent Form**

APPLICANT'S FULL LEGAL NAME: (PRINT)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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: \_\_\_\_\_



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OFFICE USE ONLY	
Date Received:	_____
Date Submitted to NCSI:	_____
Date Approved:	_____
Badge Issue Date:	_____