

Lakewood Lancers

Authorization & Release Form

Team Name: _____ Applicants Name: _____

As part of the application process for Lakewood Pop Warner, hereinafter referred to as "Organization", I understand that an investigation of my; Driver's License Abstract, Identity Information, Worldwide Criminal Records and Sex & Violent Offender Registry; may be polled and reviewed IN STRICT COMPLIANCE OF ANY AND ALL LAWS OF THE UNITED STATES OF AMERICA.

I understand that these Records may be used in evaluating my eligibility of the position that I seek with the above named Organization whether such application is made for, position of membership or acceptance of the Organization, whether current day or in future periods.

I authorize the Organization, and its agents without reservation the FULL RELEASE of these records to be provided to the Organization. I also release and discharge the Organization, its agents and database vendors of any damages or liabilities or any other complaints for this investigative process. I authorize the full release of any information without reservation throughout any duration of my affiliation, membership or association with the Organization in addition to the continued rights to update any original Records Searches with an up to date poll of current records at the sole discretion of the Organization IN STRICT COMPLIANCE OF THE LAWS OF THE UNITED STATES OF AMERICA for as long as I am affiliated with/or associated to the Organization.

I understand that the cost of the background screening is my responsibility and I agree to pay the above name Organization six dollars (\$6) along with submitting all of the required applicant paperwork I understand that I will not be approved for the position that I seek with the above named Organization until the applicant fee is paid, all paperwork is submitted and my background screening is completed and approved.

I understand and agree to provide a photo copy of my driver's license or State identification card and an electronic JPEG/Bitmap headshot (the staff members name and title must be saved as the file title). This must be provided after being approved by the Organizations Board of Directors in order to create an identification badge. Please email the information to secretary@lakewoodlancers.org or ad@lakewoodlancers.org or cheer@lakewoodlancers.org.

My signature below certifies that this "Authorization & Release", was completed with full and complete accuracy and truth to the best of my ability. It also acknowledges that I agree that I am not on staff for the Organization until I receive my identification badge.

APPLICANT INFORMATION: (PLEASE PRINT CLEARLY & ACCURATELY)

Salutation: (i.e. Mr., Mrs., Ms., Miss): _____ Suffix (if any): _____ (Sr., Jr., II, etc.)

First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____

(If known; name of the US State that your Social Security # was issued in: _____

Driver's License #: _____ State: _____

Professional License Numbers & US States of issue (if any): _____

Applicant Signature: _____ Date: ____ / ____ / ____

EMPLOYER USE ONLY: APPLICANT – PLEASE DO NOT WRITE BELOW THIS LINE

I certify that I am an authorized agent of the Organization listed below and that I am empowered to request this investigative inquiry. I further convey that the Organizations agents and vendors are acting as an agent only on behalf of the Organization to obtain the information referenced herein.

Lakewood Pop Warner Football and Cheer - Name of agent for Organization authorizing these Reports: **Destini Palacio**

Signature: _____ Title: _____ Date: _____

Please contact Destini Palacio (secretary@lakewoodlancers.org or 310-930-2315) if you have any questions.