



Suncoast Youth Football Conference

P.O. Box 470
Dunedin, Florida 34697-0470
www.suncoastyfc.com

Volunteer in Youth Sports Background Screening Consent and Release Form

Applicant's Name (printed)

Last	First	Maiden Name	Middle Initial
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Applicants Current Address:

Street: _____ **Apartment:** _____

City: _____ **State:** _____ **Zip code:** _____

Place of Birth: _____ **Date of Birth:** _____ **Gender:** Male Female
County or City and State and Country

Social Security Number: _____ **Driver's License # and State:** _____

I, _____, authorize and give consent for the Suncoast Youth Football Conference
Name of Applicant
(SYFC), and _____ to obtain information regarding myself. This includes but is not
Associated Football League
Limited to the following:

- Multi-state criminal background records and information
- National Sex Offender/Predator Registries
- Personal References

I the undersigned, authorize this information to be obtained either by writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or record in accordance with this authorization is released from any and all claims of liability for compliance. I understand that such information will be held in confidence by the Suncoast Youth Football Conference and the associated league of application.

Applicants Signature: _____ **Date:** _____

Parents Signature: (If applicant is under 18) _____

