



City of West Palm Beach
Department of Parks and Recreation
(561)804-4900
Volunteer Consent/Release Form

Applicant's Name (printed) _____

Date of Birth _____ Site of Interest: _____

Applicant's Address _____

City _____ State _____ Zip _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer 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.

Print Name: _____ Date: _____

Signature _____

Parent/Guardian Signature _____ Date: _____

(For applicants under the age of 18)

Return form to: City of West Palm Beach Department of Parks and Recreation
401 Clematis Street, 3rd floor
West Palm Beach, Fl. 33402
or Rhonda Barona: rbarona@wpb.org

Program or Facility Assigned to: _____ Supervisor: _____ Date Background Check Entered: _____