



WHATCOM COUNTY PARKS AND RECREATION DEPARTMENT
National Background Screening Consent/Release Form

Park or Facility

Applicant's **Legal** Name (printed)

Other Names Known by or Used (maiden, alias, etc.)

Social Security Number _____

Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization 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 for employment or volunteer work with Whatcom County. 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: _____

Please Return This Form To:

Whatcom County Parks and Recreation Department
3373 Mount Baker Highway
Bellingham, WA 98226

