



**JUNO BEACH POLICE DEPARTMENT
VOLUNTEER CONSENT / RELEASE FORM**

Applicant's Name (printed)

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 me. This includes the following:

- Employment records/ Employers references
- Criminal background records/information
- Sex offender registry check
- Driver's license check
- Training/experience
- Personal references
- 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: