



## Union County Family YMCA Background Check Release Form

*Please print clearly and complete the entire form.*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden name (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Volunteering for: \_\_\_\_\_

I hereby give my permission for the Union County Family YMCA, Marysville, Ohio to conduct an investigation of my background. I give my permission for any person, business or institution to release any and all information properly requested. I do hereby release such person, business or institution for all liabilities for providing information.

All information received is confidential. I understand that the YMCA reserves the right to refuse me as a volunteer, based on the information received from the criminal background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date