



OKEEHEELEE YOUTH BASEBALL, INC.

P. O. BOX 20363, WEST PALM BEACH, FL 33416

(Ph) 561-433-8489 (Fax) 877-372-3633

OYBI Criminal Background Check

Consent Authorization

Okeeheelee Youth Baseball, Inc.

Name of Organization

Applicant's Name (Printed Full Name)

Applicant's Address

City: _____ State: _____ Zip: _____

Other Names Used

Social Security Number: _____ Date of Birth: _____ Gender (Circle One): M F

Driver's license Number and State: _____

I, _____, hereby authorize the Palm Beach County Sheriff's office to furnish Okeeheelee Youth Baseball, Inc or its agent information related to my criminal history. I hereby release Okeeheelee Youth Baseball, Inc and all its agents, and employees, the law enforcement agency and all its employees of the law enforcement agency furnishing information, from all liability resulting from the furnishing of this information to Okeeheelee Youth Baseball, Inc. I certify that the statements made by me on this form and volunteer application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my consideration for participation in the program. I further understand failure to successfully pass the established criteria as noted could result in denial of my participation application. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name Date: _____

Signature Date: _____

NOTE: A photocopy of a valid Driver's License must accompany this form. If not legible, your form will not be processed.

Office Use Only

Received By: _____ Date: _____