City of WHITEWATER

WHITEWATER PARKS & RECREATION DEPARTMENT

YOUTH SPORT VOLUNTEER BACKGROUND COVER SHEET AND AUTHORIZATION FORM

All Head and Assistant Coaches are required to complete the following cover sheet as well as attached authorization form.

1. Have you ever been convicted of a misdemeanor of felony?
   □ YES □ NO

   If "YES", explain below the nature of the crime, date of conviction, and state in which convicted. Your answer will not necessarily bar you from volunteering with the City. Circumstance of conviction(s) will be taken into consideration.

2. Do you have any pending criminal charges against you?
   □ YES □ NO
   If "YES", explain below the nature of the charges.

□ **Check box if 1 and 2 are not applicable.**

_____ _____

VOLUNTEER NAME (PRINT) DATE

_____

VOLUNTEER SIGNATURE

City of WHITEWATER

AUTHORIZATION FOR RELEASE OF INFORMATION & WAIVER OF LIABILITY

I, _____, fully recognize that the City of Whitewater has the need to conduct reference checks to verify information regarding a candidate for appointment that cannot be verified through examination. I understand that a reference check into all aspects of my qualifications will be conducted. I understand that although some of the information is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would not be privy, in compliance with and pursuant to Section 103.13 of the Wisconsin State Statutes.

By signing the release and waiver below, I respectfully request and hereby authorize the City of Whitewater, or any representative thereof, to be provided and view any and all information you may have from or concerning the following:

- ✓ Employment history, including without limitation all disciplinary records, performance evaluations, sick leave records, and any other matters contained in my personnel file;
- ✓ Scholastic records, from any school, college, university and other educational institutions;
- ✓ Records from Municipal, State and Federal agencies;
- ✓ Law enforcement agencies, including arrest, criminal and driving records. (Such records will not necessarily bar employment, and factors such as the age of the offense, seriousness and nature of the violation, relation to the job applied for, and evidence of rehabilitation will be taken into consideration);
- ✓ Credit agencies, shall be conducted in accordance with the Fair Credit Reporting Act and amendments thereto;
- ✓ Medical tests and records, in compliance with the Americans with Disabilities Act, upon conditional offer of employment, physical examinations, drug tests, etc. shall be conducted, with medical information maintained as confidential;
- ✓ Reference checks and background investigations.

The undersigned hereby authorizes any person or legal entity who may be contacted by the City of Whitewater to release and transmit any information, data, or opinions they may have. The undersigned further agrees to hold harmless and release from liability under any and all causes of legal action the City of Whitewater, its agents and employees, as well as persons, companies, schools, and others supplying such information, for any statements, acts, or omissions in the course of the investigation into the above referenced categories. On behalf of myself, my heirs, assigns and successors interest, I forever hereby release and hold harmless from liability or damage whatsoever, which may result because of responses to this request for information under any and all possible causes of legal action, by any and all persons who shall request and or furnish any information.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release. I hereby knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review, or to otherwise discover the contents of this reference and all documents related thereto, whether by request, appeal, grievance, or by legal process.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

Please list all of the addresses you have lived at over the last five years.

NAME

First _____ Middle _____ Last _____

Former Name(s): _____

Address: _____ Social Security Number: _____

City, State, Zip: _____ Date of Birth: _____

Signature: _____ Date: _____

Address #2: _____

Address #3: _____

Address #4: _____

Address #5: _____

Once completed, please return this form Human Resources.

Office Use Only
Department Charge to: _____