



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AUTHORIZATION OF NON-YMCA EMPLOYEE CRIMINAL BACKGROUND SCREENING FOR 2022 YMCA BLUE RIDGE LEADERS' SCHOOL

Full Name _____

Social Security Number _____ Date of Birth ____ / ____ / ____

Cell Phone (with area code) _____

Home Address _____

City _____ State _____ Zip _____

Email _____

SCHOOL (if applicable)

Address _____

City _____ State _____ Zip _____

Email _____

I authorize YMCA Blue Ridge Assembly to inquire about my background history. I waive all rights to any claim that any request or investigation is an invasion of my privacy as it is made with my prior express consent and it is in my interest that I am considered for a volunteer role at Blue Ridge Leaders' School. I agree to release, defend and hold harmless YMCA Blue Ridge Assembly from any liability and/or third party claim regarding this release and with respect to any child abuse or related information gathered in connection with this background check.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this release form.

Signature of Applicant _____

Print Name _____

Date _____

Please upload to your staff application via Airtable or return to: Brianne Pietronicco, briannep@yblueridge.org