



**VOLUNTEER COACHING PROGRAM**

*(PLEASE READ CAREFULLY)*

**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

We truly welcome your application for volunteering with the Wellington. We are proud that our success is the result of the quality and caliber of our people. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of excellence, we require, as a condition of volunteering that all applicants must consent to and authorize a background screening.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the Volunteer Coaching Program, is true and complete to the best of my knowledge. I understand that, if I am selected, any false statements will be considered as cause for possible dismissal.

This release and consent, acknowledges that Wellington may now (during the selection process) or at any time while I am volunteering, conduct a verification of my certification, and receive any criminal history record information provided by the Federal, State, or Local criminal justice agency in Florida or any other states. The results of the verification process will be used to determine eligibility of the Volunteer Coaching Program.

I authorize Wellington and any of its agents/designated representatives to disclose orally and in writing the results of its verification process to the designated authorized representatives of Wellington or qualified inquiries now (during screening process) or at any time while I am participating in the Coaching Program.

I have read and understand this release and consent, and I authorize the background verification. I authorize the Professional Sport Certificate Providers and Federal, State, and Local criminal justice agencies in Florida or any other state to provide Wellington with all the information that may be requested and hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever discharge Wellington its agents and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge of complaint filed with an agency arising from the retrieving and reporting of information. I acknowledge that I am entitled to know if my selection was denied based on information obtained by Wellington and to receive, upon written request, a disclosure of the public record information and the nature and score of the investigative report.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian Name (If Applicant is under age 18)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Program Affiliation

\_\_\_\_\_  
Home Phone Number / Cell Phone Number

\_\_\_\_\_  
Date