

## Pascagoula Parks & Recreation Department – Volunteer Application

Applicant Information	
Applicant's Name:	
Date of Birth:	SSN#:
Current Street Address:	
City, State, Zip:	
Home Telephone:	Work Phone:
Cell Phone:	Other:

<b>Position Applying For:</b> <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> League Volunteer <input type="checkbox"/> Other:
Other (explain):
Sport:
Age Group:

Please list your experiences in the area applying for:
1.
Supervisor/Referral:
2.
Supervisor/Referral:
3.
Supervisor/Referral:

Personal References:		
Name:	Phone #:	Other:
Name:	Phone #:	Other:
Name:	Phone #:	Other:

I hereby authorize the Parks & Recreation Department of the City of Pascagoula (PPRD), within six (6) months of this date, to obtain any information in the City of Pascagoula Police Department files pertaining to my arrest record. I hereby direct the Pascagoula Police Department (PPD) to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the bearer. Consent is granted to PPD to furnish such information to PPRD in the course of fulfilling its official responsibilities. I hereby release the City of Pascagoula, as the custodian of such records, including any officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization request to release information, or any attempt to comply with it. I am furnishing my social security number on a voluntary basis with the understanding Federal Statute or regulation does not require such. I have been advised by the PPRD that the City of Pascagoula will utilize this number only to facilitate the location of arrest records. All information must be provided to ensure an accurate records check. Should there be any questions as to the validity of this release you may contact me as indicated above.

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Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date