Lone Jack Athletic Association

Background Check Authorization Form

(For submission to Lone Jack Police Department – Missouri)

APPLICANT INFORMATION

Full Legal Name:

_____

Other Names Used (Maiden/Alias):

_____

Date of Birth: _____ SSN (Last 4 digits): _____

Driver's License Number: _____

State Issued: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

DISCLOSURE & AUTHORIZATION

I, the undersigned, hereby authorize the **Lone Jack Athletic Association (LJAA)** and the **Lone Jack Police Department** to conduct a background investigation for volunteer or employment purposes.

This investigation may include, but is not limited to:

- Criminal history records (local, state, and national where applicable)
- Sex offender registry checks
- Any other records permitted under Missouri law

I understand:

- This authorization is valid for the current year of service unless otherwise revoked in writing.
- The information obtained will be used solely for determining eligibility to volunteer or participate within LJAA.
- Results will be handled confidentially and in accordance with LJAA bylaws and applicable laws.

I certify that the information provided is true and complete to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

MINOR (UNDER 18) BACKGROUND CHECK AUTHORIZATION

(To be completed ONLY if applicant is under the age of 18)

Minor's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Relationship to Minor: _____

Parent/Guardian Phone: _____

PARENT/GUARDIAN CONSENT

I, the undersigned parent/legal guardian of the above-named minor, hereby give permission for the Lone Jack Athletic Association and the Lone Jack Police Department to conduct a background check on my child as outlined above.

I understand the purpose of this check is to ensure the safety and integrity of youth programs.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

FOR OFFICE USE ONLY (LJAA / POLICE DEPARTMENT)

Date Received: _____

Full Legal Name: _____

Processed By: _____

Background Check Type: ☐ Local ☐ State ☐ National

Result: ☐ Pass ☐ Review Required

Notes: _____