

**Kimberly Youth Association  
VOLUNTEER**

**AUTHORIZATION TO RELEASE INFORMATION**

This form is approved for use across all activities and will need to be renewed every five years. Please return completed form to a KYA Director one week prior to volunteer duties.

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am seeking a volunteer coaching assignment with Kimberly Youth Association. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children who participate in the Kimberly Youth Association. I hereby expressly and voluntarily give the Kimberly Youth Association the right to make a thorough investigation of my past employment, education, and activities. I understand that the Kimberly Youth Association reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

This document is effective until revoked in writing by me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Print Full Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Print Full Address: \_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
Birthdate

Checked ID (Director Use Only)

\_\_\_\_\_  
Phone Number