

ASA Background Check Release and Authorization Form for Independent Contractors and Volunteers
Disclosure and Authorization

The Amateur Softball Association of America, Inc. ("ASA") and its incorporated local associations are volunteer driven not-for-profit organizations. One of ASA's objectives is to promote proper safeguards in accordance with the spirit of true sportsmanship and establish principles for ethical behavior in the sport of softball. You are already working with ASA or you have expressed an interest in becoming a volunteer or contractor with ASA. Consistent with promoting wholesome and safe competition, ASA may perform criminal background and/or motor vehicle record (or "driving record") checks on you pursuant to your written consent and instructions below. Please note that ASA does not discriminate on the basis of race, color, creed, religion, sex, sexual orientation, national origin or ancestry. **You may refuse to provide your consent to a background check, however, your refusal may affect your ability to participate in ASA programs.**

The report may include information gathered from county, federal, statewide or other record searches, as guided by personal identifier information obtained through a Social Security Number trace, name address or other information. NOTE: Conducting a Social Security Trace does NOT access the subject's credit history nor affects the subject's credit score or credit rating. ASA has contracted with First Advantage, a consumer reporting agency, to provide the consumer reports. First Advantage may be contacted by mail, telephone or internet at the contract information below.

In connection with my application to become a contractor, volunteer or to otherwise affiliate with the Amateur Softball Association of America, Inc., its affiliates and/or any of its local associations (collectively, "ASA" or "Company"), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for screening for contractor, affiliation and/or volunteer related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers may also be obtained. Further, I understand that you will be requesting information from Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences. I hereby authorize without reservation any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history, driving records and/or sex offender registry records) requested by any third party "consumer reporting agency", another outside organization acting on behalf of ASA, and/or by ASA itself.

I understand that if the Company chooses to enter into a relationship or affiliation with me, unless prohibited by law, the Company may request a consumer report or an investigative consumer report about me for volunteer, contractor, or affiliation-related purposes during the course of said relationship. The scope of this investigation will be the same as the scope of a pre-relationship investigation, and that the nature of such an investigation will be my continuing suitability, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my affiliation with the Company, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that if ASA makes a preliminary determination not to accept my application or to revoke my affiliation based on information contained in a consumer report, I will be notified and provided an opportunity to respond. This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company. I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. I hereby consent to your obtaining the above information from First Advantage, 1100 Alderman Dr., Alpharetta, GA, 30005, (800) 321-4473, <http://www.fadv.com/>. I understand that I may view First Advantage' privacy policy and other information at <http://www.fadv.com/privacy-policy.aspx>. I understand that to aid in the proper identification of my file or records, the following personal identifiers, as well as other information, is necessary and I agree to provide the following information to the best of my knowledge and belief:

Print Name (Full Legal Name: Last, First, Middle) _____ Phone Number _____

Aliases/Other Names Known By (in last ten years) _____ Email Address _____

Social Security Number SSN may be requested at a later time Date of Birth ___/___/_____ Desired Position with ASA _____

Driver's License Number _____ State _____ ASA ID Card Member # _____

Current Address _____ City _____ State _____ ZIP _____

Prior Address (if within last 5 years) _____ City _____ State _____ ZIP _____

******Include a Legible Photocopy of your Driver's License Attached to this document******

Applicant Signature _____ Date _____ (01.13b)

California, Minnesota and Oklahoma Applicants: You have the right to request a free copy of any report procured on you. If you would like to receive a copy of the investigative consumer report obtained on you please indicate by checking the following box and inserting your address below. Yes, I would like to be provided with a copy of the report and request that you forward the information to me at the following address:

Name _____ Address _____ City _____ State _____ ZIP _____

***In the event you elect to receive a copy of your report, you are required (on an ongoing basis) to keep ASA informed of any address changes so that your investigative consumer report is not forwarded to an old address.