

Terrell Athletic and Recreation Association  
(TARA)  
Background Check Consent Form

Please fill out completely!

Gender: Male or Female

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix: JR/SR

Maiden Name: \_\_\_\_\_

Aliases/Nicknames: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth (city, state, country): \_\_\_\_\_

Drivers License (number and State): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Previous Address (if less than 2 years at current): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**I certify that the above information is accurate and understand that if I have provided false or misleading information it may result in a decision by the TARA Board of Directors to ask me to step down from said position.**

**I consent to these checks being conducted and am aware that if any relevant record is identified, additional information relating to that record may be sought by an Approved Screening Agency from sources such as courts, police, prosecutors and past employers to enable a full and informed estimate of risk to TARA.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_