



Town of Wake Forest

301 SOUTH BROOKS STREET WAKE FOREST, N.C. 27587

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www.wakeforestnc.gov

Background Consent/Release Form

Organization Name: **Wake Forest Parks & Recreation Department**

Last Name (printed) _____ First Name (printed) _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Telephone Number _____

I, _____, authorize and give consent for the Wake Forest Parks & Recreation Department (WFPRD) to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I, the undersigned, authorize this information to be obtained by Southeastern Security Consultants, Inc. (SSCI) and communicated to the Wake Forest Parks & Recreation Department either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with WFPRD guidelines.

Printed Name: _____ Date: _____

Signature: _____

Applicant must disclose all criminal convictions, in an attachment to this Consent Form.

**Southeastern Security
Consultants, Inc.**



Mission Statement

The Wake Forest Parks and Recreation Department seeks to enhance the lives of the citizens of Wake Forest by offering a comprehensive system of parks, greenways, facilities, and open spaces coupled with cultural and athletic programs that promote education, health and wellness.