City of Gastonia
Authorization for Background Check

In compliance with the City of Gastonia's policy covering background checks for volunteer services and individuals who will work with minors, the Gastonia Parks & Recreation Department requires the following information. By completing and signing this form you are authorizing the City of Gastonia to conduct the necessary background check.

PLEASE PRINT. *All requested information is needed to complete the Background Check.*

1) Full Name _____
First Middle Last

Telephone (Cell):_____ **(Home):**_____

Email Address: _____

2) List place(s) of residence for the last 10 years:

Address_____ _____
Street City State Zip # of years

Address_____ _____
Street City State Zip # of years

Address_____ _____
Street City State Zip # of years

3) Driver's License # _____ **(issuing state)** _____

4) Date of Birth _____ **5) Race/Sex**_____

6) Social Security # _____

Authorized Signature _____**Date**_____

AUTHORIZATION FOR MINORS
(Must be signed if applicant is under age 18)

The Undersigned certifies that he/she is the custodial parent or guardian of the above named applicant. By my signature, I give permission for the applicant to participate in this program and to have his/her background checked.

Parent or Guardian_____ **Date** _____

For Office Use Only

Sport or Program_____

Program Supervisor_____