



IGNITE
CONFIDENCE

New England Healing Sports Association

**Background Check
Authorization Form**

BACKGROUND CHECK DISCLOSURE STATEMENT

New England Healing Sports Association (NEHSA) may obtain information about you from a third-party consumer reporting agency for participation purposes in their adaptive sports program. These searches will be conducted by the National Center for Safety Initiatives LLC (NCSI); 1853 Piedmont Rd. Suite 100 Marietta, GA 30066 www.solutions.ncsisafe.com. To prepare the reports NCSI may investigate your criminal history, social security number validity, motor vehicle records, verification of your education or employment history, or other information with public or private information sources.

NEHSA BACKGROUND CHECK CANDIDATE INFORMATION:

Full Name [First, Middle(required), Last]:

Phone Number:

E-Mail Address:

Social Security #:

Date of Birth:

Current Address (No PO Boxes, please):

City:

State:

Zip Code:

AUTHORIZATION

I authorize NEHSA to obtain a consumer report or investigative consumer report. A consumer report is a compilation of information that might affect my ability to volunteer with NEHSA. By my signature below, I hereby consent to the preparation by National Center for Safety Initiatives, LLC, a consumer reporting agency located at 1853 Piedmont Rd. Suite 100 Marietta, GA 30066, of background reports regarding me and the release of such reports to NEHSA and its designated representatives, to assist NEHSA in making a participation decision involving me at any time after receipt of this authorization and throughout my volunteer engagement, to the extent permitted by law.

By my signature below, I hereby authorize any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau, or other information service bureau, or employer to furnish any and all information regarding me to NCSI and/or NEHSA itself and authorize NCSI to provide such information to NEHSA. I further certify that all information provided on this form is true, accurate, and complete.

Signature of Candidate

Date