

CITY OF PEMBROKE PINES  
PARKS AND RECREATION DEPARTMENT  
501 SW 172nd Avenue  
PEMBROKE PINES, FLORIDA 33029

PERSONAL INQUIRY WAIVER  
AUTHORITY FOR RELEASE OF INFORMATION

TO: Concerned persons or authorized representatives of any organization, institution or repository of records.

(Please print clearly)

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN:\* \_\_\_\_\_  
(Last, First, MI)

Allis: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Sex: male \_\_\_\_\_ female \_\_\_\_\_ Race: \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I respectfully request and authorize you to furnish the City of Pembroke Pines any and all information that you may have that will assist the City in conducting a criminal background check on me. The information is to be used to assist the City in determining my qualifications for the volunteer position I am seeking.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above. A photocopy of this waiver is as valid as the original.

List previous addresses over the past five years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's current phone number

\_\_\_\_\_  
Team, League or Program

Please circle age group if applicable: 6 yr 7/8 yrs 9/10 yrs 11/12 yrs 13/14 yrs 15/17 yrs

\*The City of Pembroke Pines requests your social security number in order to assist the City in verifying the personal information provided, and to assist the City in conducting an accurate criminal background check.