

REAL RITE YOUTH ATHLETIC ASSOCIATION

**P.O. Box 114
Sanford, NC 27331**

CRIMINAL AND SEX OFFENDER

RECORD SEARCH

NAME

<i>Last Name & First Name</i>		<i>Middle Name</i>	<i>Social Security No.</i>
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DRIVERS LICENSE

<i>Date Of Birth</i>	<i>Drivers License No. / State Issued</i>	<i>Phone No.</i>
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ADDRESS

If you have moved within the last seven (7) years please complete the following information. Attach additional pages if necessary.

<i>Current Street Address</i>		<i>Dates Of Residency</i>	
		<i>From</i>	<i>To</i>
<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
<i>Previous Street Address</i>		<i>Dates Of Residency</i>	
		<i>From</i>	<i>To</i>
<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>
<i>Previous Street Address</i>		<i>Dates Of Residency</i>	
		<i>From</i>	<i>To</i>
<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>

PREVIOUS NAMES

List ALL previous names used and the effective dates of each (including married, maiden and aliases). Attach additional pages if necessary.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Effective Dates</i>
			<i>From To</i>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Effective Dates</i>
			<i>From To</i>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Effective Dates</i>
			<i>From To</i>

I certify that the information given is true and correct.

<i>Date</i>	<i>Signature</i>
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SEARCH RESULTS

Results Of Criminal Record Search (ACIS/CCIS)		Results Of Sex Offender Search	
<input type="checkbox"/> No Record Found <input type="checkbox"/> Following Record(s) Found		<input type="checkbox"/> No Record Found <input type="checkbox"/> Following Record(s) Found	
<i>Date</i>	<i>Offense</i>	<i>Date</i>	<i>Offense</i>
<i>Date</i>	<i>Offense</i>	<i>Date</i>	<i>Offense</i>
<i>Date</i>	<i>Offense</i>	<i>Date</i>	<i>Offense</i>
<i>Completed by</i>		<i>Completed by</i>	

Background Check Authorization and Release

Section 1. Required: Applicant Information (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through a Background Check System (BCS).

I hereby authorize Real Rite Youth Athletic Association (RRYAA) of Sanford, North Carolina and/or its Board Members to make investigations of my background, references, character, past employment, and criminal history record information which may be in any state or local files, including those maintained by both public and private organization, and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

Authorization and Release Summary

I understand if I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, or children or serve in any capacity with the Real Rite Youth Athletic Association. I understand and agree my signature in the box below means:

- I give RRYAA permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the Criminal and Sex Offender search and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, RRYAA will report only my name and that a final finding was identified on the background check result.
- RRYAA will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires RRYAA to do so.
- This authorization and consent shall be valid in original, facsimile ("fax"), or copy form. I understand that Real Rite Youth Athletic Association's privacy practices can be found in its organizational By-Laws.

Section 2. Required: Self-Disclosure Questions for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. **SEE INSTRUCTIONS.**

9. REQUIRED: MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION

STREET	APT. NO.	CITY	STATE	ZIP
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10. REQUIRED: PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)

STREET	APT. NO.	CITY	STATE	ZIP CODE
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11A. Have you been convicted of any crime? If yes, complete Page 2, Section 3..... Yes No

11B. Do you have charges (pending) against you for any crime? If yes, complete Page 2, Section 4..... Yes No

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? .. Yes No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? Yes No

14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child? . Yes No

15. REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.

16. REQUIRED: TODAY'S DATE (MM/DD/YYYY)

Background Check Authorization and Release

List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

Important information about answering self-disclosure questions: Your answers to self-disclosure questions become part of your background check history and are stored in the RRYAA database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID		
FIRST:	MIDDLE:	LAST:

REQUIRED: DATE OF BIRTH (MM/DD/YYYY)

Section 3. Question 11A. If you check **YES**, you must enter the crime name, degree (if any), state, conviction date, and crime

1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF NORTH CAROLINA)
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2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF NORTH CAROLINA)
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3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF NORTH CAROLINA)
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Section 4. Question 11B. If you check **YES**, you must enter the PENDING charge name, degree (if any), state, and crime information.

1. CRIME NAME	DEGREE (IF ANY)	STATE
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF NORTH CAROLINA STATE)
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2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
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Other crime information: Attempted Conspiracy Domestic Violence Solicitation With Sexual Motivation N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF NORTH CAROLINA)
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