

**Consent for Honesdale Babe Ruth Softball  
to conduct background check.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

I hereby give permission to Honesdale Babe Ruth Softball (HBRS) to conduct a background check due to my volunteer status with HBRS. I participate with HBRS and therefore, I am required to submit to a background check in order to volunteer to work with HBRS participants therein. By signing below, I consent to the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to HBRS Board of Directors.

Mail to:  
Honesdale Babe Ruth Softball  
121 Sunrise Avenue  
Honesdale, PA 18431