



LaPorte County Family YMCA  
901 Michigan Ave, LaPorte, IN 46350  
P: 219 325 9622 F: 219 325 3600  
www.lpymca.org

DATE \_\_\_\_\_

We are considering the below named individual for employment with the La Porte County Family YMCA. It is requested that the name of the applicant be searched through the records to your department for any arrest record; traffic and/or criminal. Please note information below and return to the La Porte County Family YMCA by mail or to the staff requesting the information. All information obtained through this request will be kept confidential.

LAST NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_

I hereby authorize and give my consent to the release of my criminal and/or traffic record to any and all City, County and State Police and Sheriff's Departments to the La Porte County Family YMCA as may be required for the purpose of employment.

I hereby waive, release and surrender any and all rights to claims which I have against the City, County or State mentioned above, or any of its officers or employees as a result of the release of such records.

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if applicant is under age 18)  
\_\_\_\_\_

WITNESS (Authorized YMCA staff signature) \_\_\_\_\_

**RECORDS CHECK COMPLETED BY:**

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

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

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

RESULTS:  
3/21/2011