

# Cherry Hill Youth Development

## APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize CHERRY HILL YOUTH DEVELOPMENT COMMITTEE or other authorized representatives of the organization bearing this release to obtain and release any information pertaining to my background, including any noted below for employment or volunteer purposes. I hereby fully release and discharge my prospective employer, other authorized representatives of the organization, or other sources providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

Please Provide Minimum 7 years of Residential History Below

Name:		SSN:
Date of Birth:	Place of Birth:	
(1) Address:		Years at this address:
City:	State:	Zip:
(2) Address:		Years at this address:
City:	State:	Zip:
(3) Address:		Years at this address:
City:	State:	Zip:
Phone:	Email:	
Employer:	Position:	
Membership Type:		
<input type="checkbox"/> Committee Member (Adult)	<input type="checkbox"/> Committee Member (Youth)	<input type="checkbox"/> Volunteer Worker
Membership constitutes consent to comply with Cherry Hill Youth Development Committee Code of Conduct.		
Why are you joining Cherry Hill Youth Development Committee? [Please check all that apply:]		
<input type="checkbox"/> To support goals & objectives	<input type="checkbox"/> To support after school programs	
<input type="checkbox"/> To support Leadership Development Program	<input type="checkbox"/> To support Entrepreneurship Development Program	
<input type="checkbox"/> To mentor children	<input type="checkbox"/> To tutor children	
<input type="checkbox"/> To meet people with like interests	<input type="checkbox"/> Other (List)	
Comments:		
Signature:		Date:
Committee Approval:		Membership Date:
Comments:		