

Consent for Honesdale Little Baseball Association to conduct background check.

(FIRST)

(LAST)

NAME: _____

CURRENT ADDRESS: _____

PHONE: _____

BIRTH DATE: _____

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

If you file this form electronically via email, by typing in your name in the signature area you agree to the above information. To submit by email hit the "SUBMIT" button in the bottom right corner and follow the instructions.

Signature: _____

Date: _____

Return to HLBA Board of Directors.

Mail to:
Honesdale Little Baseball
121 Sunrise Avenue
Honesdale, PA 18431

Email to: info@honesdalebaseball.com

**SUBMIT
CLICK HERE**