

Background Check Authorization Form

National Federation of Middle School Sports • 501(c)(3) Nonprofit • In Time of Need, Inc. • Members Only

Important notice: This template should be reviewed by qualified legal counsel and the selected background screening provider before use. If NFMSS uses a third-party consumer reporting agency, federal Fair Credit Reporting Act (FCRA) requirements and applicable state/local laws may apply. Additional separate state notices may be required.

1 Standalone Disclosure

NFMSS may obtain a background screening report, also known as a consumer report, and/or an investigative consumer report, about you for employment, volunteer, contractor, coaching, officiating, event staffing, advisory, youth safety, or organizational screening purposes. This report may be obtained before you begin service and, where permitted by law, periodically during your service or affiliation with NFMSS. The report may include information about your identity, criminal history, sex offender registry status, driving record, employment history, education verification, professional credentials, references, and other information permitted by law and relevant to the position or role. NFMSS will use this information to help determine eligibility for positions or roles involving students, events, schools, volunteers, staff, contractors, or organizational operations.

2 Applicant / Participant Role

Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Employee / Staff Candidate | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Official / Referee / Umpire |
| <input type="checkbox"/> Contractor / Vendor | <input type="checkbox"/> State Director / Regional Director |
| <input type="checkbox"/> Event Staff | <input type="checkbox"/> Advisory Council Member |
| <input type="checkbox"/> Intern | <input type="checkbox"/> Other (specify) |

3 Applicant / Participant Information

FULL LEGAL NAME

FORMER NAMES / ALIASES (if any)

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

CURRENT ADDRESS

CITY

STATE

ZIP CODE

Sensitive data notice: Driver's license number/state and last four digits of SSN, if required, should be collected only through a secure background screening provider portal — not by email or unsecured paper transmission. Fields for these identifiers are intentionally omitted here.

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Background Screening Provider

To be completed by NFMSS

BACKGROUND SCREENING COMPANY / CRA

PROVIDER PHONE / EMAIL

PROVIDER ADDRESS

PROVIDER WEBSITE

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Authorization to Obtain Background Screening Report

By signing this form, I authorize NFMSS, In Time of Need, Inc., their authorized representatives, and their selected background screening provider to obtain a background screening report about me for the purposes described above. I understand that the report may be obtained from public records, courts, law enforcement agencies, sex offender registries, motor vehicle departments, educational institutions, employers, references, licensing bodies, credentialing organizations, and other lawful sources.

- I authorize NFMSS and its authorized background screening provider to conduct a background check for the role identified in this form.
- I authorize the release of relevant information to NFMSS and its authorized representatives for screening, youth safety, eligibility, and organizational purposes.
- I understand that false, incomplete, or misleading information may result in denial, suspension, removal, or termination of my role or affiliation.
- I understand that this authorization may remain valid during my service or affiliation with NFMSS, where permitted by law, unless revoked in writing.

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Investigative Consumer Report Notice

An investigative consumer report may include information obtained through personal interviews with employers, references, coworkers, neighbors, schools, or others who may have knowledge concerning your character, general reputation, personal characteristics, or mode of living. If such a report is obtained, you may have the right to request additional information about the nature and scope of the investigation, as permitted by law.

I acknowledge that an investigative consumer report may be obtained where permitted by law and relevant to the role.

7 Rights, Notices, and Adverse Action Process

If NFMSS considers taking adverse action based in whole or in part on a background screening report obtained from a consumer reporting agency, NFMSS should provide required notices, a copy of the report, and a copy of the FCRA Summary of Rights before final adverse action is taken, where required by law. You may have the right to dispute inaccurate or incomplete information with the background screening provider and to request a copy of your report. Additional state or local notices may apply depending on your location and the nature of the role.

8 Youth Safety Requirement

Because NFMSS serves middle school student-athletes, adults who work with or around minors may be required to complete background screening, youth protection training, code of conduct acknowledgment, and other safety requirements before participating in NFMSS activities or events. NFMSS may deny or remove any individual from a role when background screening information, conduct history, youth safety concerns, failure to disclose information, or other relevant information creates risk to students, schools, families, staff, volunteers, sponsors, or the organization.

9 Applicant Disclosure Questions

Answering "yes" does not automatically disqualify you. NFMSS may consider the nature of the matter, timing, role responsibilities, applicable law, youth safety risk, and other relevant factors. Do not disclose sealed, expunged, or legally restricted records if the law prohibits asking for or considering them.

Have you ever been convicted of, pleaded guilty or no contest to, or been adjudicated for a felony?

If yes, explain:

Have you ever been convicted of, pleaded guilty or no contest to, or been adjudicated for an offense involving a minor, violence, abuse, neglect, sexual misconduct, exploitation, or child endangerment?

If yes, explain:

Are you currently listed on any sex offender registry or barred list related to youth-serving activities?

If yes, explain:

Have you ever been suspended, dismissed, removed, or banned from a youth-serving, school, athletic, coaching, volunteer, or nonprofit organization for misconduct?

If yes, explain:

Are you currently subject to any court order, professional discipline, or restriction that may affect your ability to work with minors or participate in athletic events?

If yes, explain:

10 Continuing Duty to Update

I agree to notify NFMSS promptly if, during my service or affiliation, I am arrested, charged, convicted, placed on a registry, suspended by another organization, restricted by a court or licensing body, or become aware of any information that may affect my eligibility to work with or around minors, participate in NFMSS events, or represent NFMSS.

I agree to promptly report any material change that may affect my eligibility or youth safety clearance.

11 Certification and Signature

By signing below, I certify that the information I provided is true and complete to the best of my knowledge. I authorize the background screening described in this form and understand that NFMSS may use the results to evaluate eligibility for employment, volunteer service, contractor service, event participation, coaching, officiating, advisory roles, or other organizational roles.

APPLICANT / PARTICIPANT PRINTED NAME

DATE

APPLICANT / PARTICIPANT SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE (if applicant is under 18)

DATE

SECTION 12 — NFMSS INTERNAL USE ONLY — DO NOT DISTRIBUTE

RECEIVED BY

ROLE / TITLE

DATE RECEIVED

SCREENING REQUESTED DATE

SCREENING COMPLETED DATE

REVIEWER NOTES

SCREENING STATUS

- Cleared
- Pending Review
- Additional Information Required
- Cleared with Restrictions
- Not Cleared

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