

**Consent for Honesdale Little Baseball Association
to conduct background check.**

NAME: _____

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY NUMBER: _____

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.

Signature: _____

Date: _____

Return to HLBA Board of Directors.

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