



**Consent for Background Check**

City of Panama City Beach  
**Parks & Recreation Department**

PCB Parks & Recreation Approval/Denial

16200 Panama City Beach Pkwy, Panama City Beach, FL 32413 ● Office Ph. (850)233-5045 ● www.panamacitybeachparksandrecreation.com

*Personal Information*

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Ph. \_\_\_\_\_  
Street and Number

\_\_\_\_\_ Business Ph. \_\_\_\_\_  
City State Zip

Email: \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Please provide previous address if you have moved in the past 3 years.

1. \_\_\_\_\_  
Street and Number City State Zip

*Reason for Background Check*

Applicants will not be allowed to participate in any of the following sports or activities until the background check application has been fully completed by the applicant and approved by the Panama City Beach Police Department. Please make note that approval and completion of the background check application does not automatically deem you eligible for one of the following activities or sports. Upon eligibility you will be contacted by the Parks and Recreation staff.

Initial: \_\_\_\_\_

*Independent Contractors*

Independent Contractors: Please check one of the following and list the name of your program in the space provided.

- Aquatics  Aquatics Program: \_\_\_\_\_
- Summer Camps  Summer Camp: \_\_\_\_\_
- Concert Series Vendor  Vendor/Business: \_\_\_\_\_
- FBP / Lyndell Center  FBP / Lyndell Program: \_\_\_\_\_

*Volunteer coaches / Scorekeepers / Officials/League Coordinators/Other*

Choose your desired position and sport for the current season.

- |   |   |  |   |
|---|---|--|---|
| Head Coach <input type="checkbox"/>       | Official <input type="checkbox"/>           | Spring Soccer <input type="checkbox"/>         | Baseball <input type="checkbox"/>       |
| Asst. Coach <input type="checkbox"/>      | Scorekeeper <input type="checkbox"/>        | Fall Soccer <input type="checkbox"/>           | Basketball <input type="checkbox"/>     |
| Volunteer /Other <input type="checkbox"/> | League Coordinator <input type="checkbox"/> | T-ball / Lil Sluggers <input type="checkbox"/> | Miracle League <input type="checkbox"/> |

Other

*If your title is not listed please provide it here.*

*Background Check Information*

All instructors, independent contractors, coaches, vendors, volunteers and anyone wishing to be a part of our programs or activities offered by the City of Panama City Beach Parks and Recreation Department are subject to a criminal background check.

Have you ever had a background check by the City of Panama City Beach Parks and Recreation Department?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Yes - Date (Mo./Yr.) \_\_\_\_\_

**Note:** Completion and Approval of this background check does not determine your eligibility. Your eligibility is determined by the Panama City Beach Parks and Recreation Department.

## Background Information

Have you ever been convicted of/or arrested for a violent crime or the unlawful possession or use of a weapon/firearm?

Yes \_\_\_\_ No \_\_\_\_ (If YES please explain below.)

If applicable, do you have any additional arrests or convictions of any crime not listed above within the last 10 years ?

Yes \_\_\_\_ No \_\_\_\_ (If YES please explain below.)

Have you ever been involved with an open case involving the Department of Children and Families or with crimes against children? Yes \_\_\_\_ No \_\_\_\_ (If YES please explain below. Provide all information on open and closed cases including dates and outcomes.)

If you answered **YES** to any of the above listed questions provide all arrests or convictions, dates, location(s), and penalties . This also includes open and closed cases, dates and outcomes with Department of Children and Families. **Failure to list all arrests, convictions and penalties involving any crimes listed above will result in disqualification.** Listing arrests and convictions does not disqualify your eligibility. (Attach additional Sheets if necessary.)

In the last 5 years has your driver's license been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_ (If Yes - Explain below.)

Driver's License # \_\_\_\_\_ Driver's License State \_\_\_\_\_

I understand the PCB Parks & Recreation Department will need a photocopy of my driver's license which is required in order for a background check to be completed. Initial \_\_\_\_\_

## PCB Parks & Recreation Waivers

**PARTICIPATION PERMISSION:** As an adult 18 and older, by signing below I attest that the information I have provided is both accurate and complete. I understand that failure to list complete and accurate information can result in denial of this background check and that my right as an independent contractor, instructor, coach or volunteer for the Parks and Recreation Department can be revoked without notice or explanation.

I, as an adult 18 and older authorize the City of Panama City Beach Police Department to run a criminal background check. I understand that I am representing the City of Panama City Beach and will adhere to the guidelines set forth by the program.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I also give the City of Panama City Beach permission to take pictures during all activities for publicity purposes.

I hereby release, absolve, indemnify and hold harmless the City of Panama City Beach, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

X \_\_\_\_\_  
Independent Contractor, Instructor, Coach, or Volunteer

\_\_\_\_\_  
Date

## PCBPD Remarks & Recommendations

PCBPD Remarks:

PCBPD  
Initial

Approved

Date:

Denied