



**Five Rivers MetroParks**  
 409 East Monument Ave, Third Floor  
 Dayton, Ohio 45402

(937) 275-PARK – Main Office  
 (937) 535-2580 – Ranger Dispatch  
 (937) 567-9292 – Ranger Fax



## **Police Background Investigation Liability Release Authorization Waiver**

Name of Applicant: \_\_\_\_\_

The below listed individual is an applicant for membership with the Five Rivers MetroParks Ranger Division Explorer Post. As a mandatory step in that application process, said individual is required to furnish information necessary to determine his/her moral, physical, and mental suitability for the position in question.

In connection with my application, I am authorizing the release of any and all information that you may possess concerning my work habits, personal character or conduct inclusive of any confidential or privileged information.

I hereby release you, your organization or other parties from any liability or damage which may result from the release of information in this matter.

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date