

Cushing Memorial Park Membership Application Form

**Cushing Memorial Park
P.O. Box 528
Lebanon, GA 30146-0528**

**Business Phone: (770) 345-1858
www.cushingpark.info**

(Falsification of information can result in termination of membership)

Name and Address

Name: _____ *DOB:* _____

Last First MI

Domestic Partner Name: _____ *Maiden:* _____

Current Address: _____ *no. of yrs.:* _____ *own/rent:* _____

City: _____ *State:* _____ *Zip Code:* _____

Contact Numbers Home: _____ *Cell:* _____ *Work:* _____

Email Address: _____

Emergency Contact: _____ *Phone:* _____

If less than 5 years, then list previous addresses:

1st Previous Address: _____ *no. of yrs.:* _____ *own/rent:* _____

City: _____ *State:* _____ *Zip Code:* _____

2nd Previous Address: _____ *no. of yrs.:* _____ *own/rent:* _____

City: _____ *State:* _____ *Zip Code:* _____

Employment

Current Employer:

Employee Number:

Address:

Phone:

Job Title:

Department:

Date of Employment:

If less than 5 years, then list previous employment:

1st Previous Employer:

Address:

Job Title:

Department:

Date of Employment:

2nd Previous Employer:

Address:

Job Title:

Department:

Date of Employment:

References

Please list three (non-family) references we may contact:

Name: _____

Employment: _____

Phone: _____ *Cell:* _____

Name: _____

Employment: _____

Phone: _____ *Cell:* _____

Name: _____

Employment: _____

Phone: _____ *Cell:* _____

Boating Experience including other Club Memberships

Boating Experience: _____

Club Name; Address; Contact Information: _____

In connection with my application for membership with **Cushing Memorial Park**, I understand that a “consumer report” “Criminal Background” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Cushing Memorial Park for membership, from Protect Youth Sports, Inc., (“Protect Youth Sports”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am accepted throughout the course of my membership as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports’ privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Cushing Memorial Park to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

I wish to receive a copy of any report on me that is requested.

Member: _____

Full Legal Name, First, Middle, Maiden, Last

Today’s Date _____ Signature _____

SSN **Member** _____ D/L or State ID _____ State Issued _____

Birth Date: _____

Please List Other Names Used: _____

Spouse, (or significant other) _____

Full Legal Name, First, Middle, Maiden, Last

Today’s Date _____ Signature _____

SSN Spouse: _____ D/L or State ID _____ State Issued _____

Birth Date: _____

Please List Other Names Used: _____

MEMBER: Please read the section below carefully before signing.

Understandings and Agreements

***DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?** Yes No
IF YES, DESCRIBE IN FULL

***Answering yes will not necessarily bar you from membership. Applicants are not required to disclose sealed or expunged records or the existence of such records.**

ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE? Yes No

1. I certify that I have read this membership application and the information on it is complete and correct. I understand that any omissions or misrepresentation of information is grounds for termination of membership.
2. I authorize the persons and employers, listed on this application to give you any information concerning my employment and other pertinent information they may have, personal and otherwise, and release all parties from all liability and damages that may result from furnishing this to you.
3. I acknowledge that Cushing Memorial Park reserves the right to amend its rules & regulations at any time, without any reason, with or without cause.
4. I understand that as part of the procedure for my membership application, an investigative criminal and consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a membership based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

Members Full Legal Name (First, Middle, Maiden, Last)

Members Signature _____ **Date** _____

Fees due at time of application submission

Application Fee ----- \$100.00 (non-refundable)

Initiation Fee ----- \$200.00 (refundable)

Total Due ----- \$300.00

Spouse (or significant other) Please read the section below carefully before signing.
Understandings and Agreements

***DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? Yes No**
IF YES, DESCRIBE IN FULL

***Answering yes will not necessarily bar you from membership. Applicants are not required to disclose sealed or expunged records or the existence of such records.**

ARE YOU OR HAVE YOU EVER BEEN A SEX OFFENDER REGISTERED WITH ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, INCLUDING ANY LISTING ON A PUBLIC WEBSITE? Yes No

5. I certify that I have read this membership application and the information on it is complete and correct. I understand that any omissions or misrepresentation of information is grounds for termination of membership.
6. I authorize the persons and employers, listed on this application to give you any information concerning my employment and other pertinent information they may have, personal and otherwise, and release all parties from all liability and damages that may result from furnishing this to you.
7. I acknowledge that Cushing Memorial Park reserves the right to amend its rules & regulations at any time, without any reason, with or without cause.
8. I understand that as part of the procedure for my membership application, an investigative criminal and consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a membership based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

Spouse Full Legal Name (First, Middle, Maiden, Last)

Spouse, Signature _____ **Date** _____

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