

**ROTARY YOUTH LEADERSHIP AWARDS  
AUTHORIZATION FOR BACKGROUND INVESTIGATION  
AND RELEASE OF LIABILITY**

I \_\_\_\_\_ authorize the Rotary Youth Leadership (RYLA), to which I am applying for camp counselor to conduct an investigation of my background and to receive information and documents from my former and/or present employer(s) and others concerning my educational, professional, employment, traffic and criminal records. Likewise, I authorize any current or former employer listed on my application to disclose information about my job performance as provided under state law. This authorization shall be in effect for ninety (90) days from the date indicated below.

I hereby release RYLA and its Rotary Staff, as well as any person, company, governmental entity or corporation providing information subject to this authorization from any and all civil liability to me which may be caused as a result of any investigation conducted or disclosures made pursuant to the authorization.

I affirm that I have read and understand each of the statements contained in this authorization and sign this document as my free and voluntary act.

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Applicant's (Print Name)

Social Security Number

Date of Birth

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Applicant's (Signature)

Date