

## VOLUNTEER BACKGROUND CHECK AUTHORIZATION FORM

Print Name:				
	(First)	(Middle)	(Last)	
Current Address:	(Street)		(City)	(Zip/State)
	(Sireet)		(City)	(Zip/State)
Date of Birth:	Telephone Number: (cell)			
Email Address:				
The information o	ontained in thi	is background c	heck authorization forn	n is correct to the
best of my knowle	edge. I hereby	authorize Trum	bull Parks & Recreatio	n to conduct a
comprehensive re	eview of my ba	ackground includ	ding civil and criminal h	istory records
from any criminal	justice agency	y in any or all fe	deral, state, county juri	sdictions to be
generated for em	ployment and/	or volunteer pu	poses, and I agree to I	hold all such
persons and/or th	e Town of Tru	mbull harmless	with respect to any info	ormation they may
give, hereby relea	asing them fro	m any liability to	me arising therefrom.	
			SIGNATURE C	F APPLICANT
			PRINT NAME	
			DATE	