



Town of Vestal Recreation Department

Volunteer Background Check Authorization

Please complete all sections of this form. All information collected on this form is confidential.

Name _____
Last First Middle Maiden

Birth Date ____/____/____ M F

Present Address _____ From: _____ To: _____
Street City State Zip Code (Month/Day/Year)

Past Address _____ From: _____ To: _____
Street City State Zip Code (Month/Day/Year)

Telephone _____
Cell Home Work

Notice to All Applicants: I hereby certify that I am the applicant named above and I consent to a background check that will be performed by the Town of Vestal Police Department including but not limited to; Criminal History and Sex Offender Registry, the results of which may prohibit me from volunteering.

Applicant Signature _____ Date ____/____/____

Office use only

Date Rec'd _____ Activity _____ Staff Initials _____

Town of Vestal Recreation Department
516 Front Street
Vestal, NY 13850
607-754-3368

Date Approved: _____