



Town of Blooming Grove

Orange County, New York

Volunteer Background Screening

Today's Date: _____

In which capacity would you like to participate (please circle):

League Director Coach Other

Do you have children in the program (please circle)? Yes No N/A

Name of Child(ren) : _____

If yes, what grade level(s)? _____

Community Affiliations: _____

Last Name: _____ **First Name:** _____

Date of Birth: _____

Address: _____

NYS Driver's License #: _____

Phone #: _____

Email Address: _____

Social Security #: _____

Have you ever been refused participation in any other youth program (please circle)? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime (please circle)? Yes No

If yes, please explain: _____

By my signature below, I hereby certify that the information contained on this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I hereby authorize the Town of Blooming Grove, and/or its respective representatives to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records. I further release the Town of Blooming Grove, the Town of Blooming Grove Police Department (and/or any Police agency representing the Town) from any and all liability which may be incurred as a result of collecting such information.

Accepting and acknowledging that a full background check will be conducted.

Signature: _____

Date: _____