



PLEASE LIST 3 PERSONAL REFERENCES WHO ARE NOT RELATIVES

Name	Address	Phone

**CONFIDENTIAL**  
**VOLUNTEER SERVICE DISCLOSURE**

**AUTHORIZATION AND RELEASE**

I understand that in connection with my application for volunteer services, Bowdoinham Recreation or authorized staff will be conducting a criminal background check on me, which may include a review of sex offender registries, child abuse and criminal history records. This background check may include an inquiry into my general character or reputation, volunteer experience and criminal history.

I understand that Bowdoinham Recreation may rely on any part of all of this information in determining whether to extend an offer of volunteer service duties to me.

I understand that the background check is performed as a part of the process to evaluate me prior to volunteer service assignments and is not conducted for any purpose other than in connection with my application for volunteer services.

I understand that none of the information reported will be used for any other reason than to evaluate my criminal history to decide whether I am eligible to volunteer for Bowdoinham's Recreation Department.

I have read this release and understand that by signing below, stating my date of birth and any alternate names in the application, I authorize the Town of Bowdoinham and/or Bowdoinham Recreation or employee to conduct a criminal background history check on me, as reported. I also understand that any information obtained will remain confidential.

***Why We Have This Policy***

To protect the Bowdoinham Recreation Department and the children and families living in the community. The town needs to ensure that individuals working with minors have no history of criminal behavior relevant to their volunteer position.

The town recognizes that its need to investigate volunteer's criminal history must be balanced with the need to protect their privacy. Town policy and state and federal laws recognize the individual's right to privacy and prohibit Town employees and others from seeking, using, or disclosing personal information except within the scope of their assigned duties.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Typing your name counts the same as signature)