



# TOWN OF WATERTOWN CONNECTICUT HUMAN, SOCIAL & LEISURE SERVICES

Recreation • Foodbank • Crestbrook Park (Non Maintenance) • Social & Senior Services

61 Echo Lake Road  
Watertown, Connecticut 06795-2629  
(860) 945-5246 FAX (860) 945-4734  
www.watertownct.org



Lisa L. Carew  
Director

Carrie L. Donorfio  
Assistant Director

## Authorization to Release Information VOLUNTEER

Regarding:  
*Please Print*

Applicants Last Name: \_\_\_\_\_

Applicants First Name: \_\_\_\_\_

Applicants Middle Name: \_\_\_\_\_

Applicants Date of Birth: \_\_\_\_\_

Applicants Street Address: \_\_\_\_\_

Applicants Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicants Social Security Number: \_\_\_\_\_

List Any Alias or Maiden Names and Dates of Birth Used: \_\_\_\_\_

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this **Authorization To Release Information** by the above stated agency release and disclose to such agency any and all information or records requested regarding me, including, but not necessarily limited to, criminal information records (if any) and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application to be a volunteer at the agency.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

\_\_\_\_\_  
*Signature of Prospective Volunteer*

\_\_\_\_\_  
*Date*